

**BETHLEHEM LUTHERAN SCHOOL,
EARLY LEARNING CENTER & CHILDWATCH**

2100 N. Wadsworth Blvd., Lakewood, CO 80214 School 303-233-0401 Childwatch 303-238-7676 ext. 170 FAX 303-237-4011

STUDENT INFORMATION SHEET

Student's Name _____ Grade _____ Teacher _____ Sex _____

Address, City/Zip _____

Home Phone _____ Date of Birth _____

EMERGENCY CONTACT NUMBERS

Female parent/guardian _____ Home Phone _____ Cell Phone _____

Full Address _____

Employer _____ Work Phone _____ E mail _____

Employer Address _____

Male parent/guardian _____ Home Phone _____ Cell Phone _____

Full Address _____

Employer _____ Work Phone _____ E mail _____

Employer Address _____

Student lives with: Own Father _____ Step-father _____ Own Mother _____ Step-mother _____ Other _____

TO PARENTS: I authorize Bethlehem Lutheran School, Early Learning Center and Childwatch personnel to release my child to one of the following persons in the event I cannot be reached or am not able to pick up my child.

1. Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Full Address _____

2. Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Full Address _____

Date

Parent Signature

This is effective for the 2011-2012 school year through summer 2012.

Please complete other side

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If a child becomes seriously ill or injured while in one of our programs at the school or on a field trip and the parents cannot be contacted by reasonable means, it is understood that the school may take the steps necessary to care for the child, including doctor or hospital care by licensed personnel or may call 911.

Medical Insurance Company & Policy # _____

Physician: Name and phone number _____

Full Address _____

Dentist: Name and phone number _____

Full Address _____

Hospital: Name and phone number _____

Full Address _____

MEDICAL CONCERNS

Please check any and all that apply to your child's current health status:

_____ Asthma (or other respiratory ailment) _____

_____ Diagnosed ADD or ADHD _____

_____ Food Allergies (please name specific): _____

_____ Other Allergic Reactions (name): _____

_____ Diabetes _____

_____ Physical Disabilities (name): _____

_____ Vision Problems or Glasses: _____

_____ Other (please be specific): _____

Please fill out the following section for any previous category that may require intervention by the school staff:

Ailment: _____

Triggers: _____

Symptoms: _____

Interventions: _____

Call parent if: _____

Call 911 if any of the following occurs: _____

Special considerations for field trips: _____

Are your child's immunizations up to date? ____ yes ____ no

I give permission to share the above medical information regarding my child with teachers and support staff who are responsible for his/her safety and well-being during the hours of operation.

Date

Parent Signature

This is effective for the 2011-2012 school year through summer 2012.

Please complete other side