			Health Room
ADD	DELETE		CHANGE
Date Information Effective			
*********	*******	******	*********
Family Name			
Address			
Student's Birth Date			
Home Phone		-	
Father's Name		_ (Work phone)	
		(Cell phone)	
Mother's Name)
		(Cell phone)	<u></u>
Student's Grade	Homeroom		Youngest/Only
School District			
Bus to School	Bus	from School	
Other Emergency Contact	and Phone		
Parent Volunteer Activity_			
Medical Condition			

Please Route To: Main Office _____ Guidance ____ Library ____