

THE MADDUX SCHOOL

11614 Seven Locks Road ♦ Rockville ♦ Maryland 20854 ♦ 301-469-0223 ♦ www.madduxschool.org

2016-2017 STUDENT INFORMATION FORM

We update our records at least annually. Please check the information below and correct/add any information you feel is needed. Please be sure to complete **BOTH SIDES**. (*Information will be treated as confidential*) Thank you for your assistance.

First Name:

Middle Name:

Last Name:

Date of Birth:

Current mailing address:

Other parent/guardian to receive mailings:

Home Phone:

Legal Custody: mother father both other (name) _____

Student lives with: mother father both other (name) _____

sibling(s) _____
(names & ages)

Send email notices to: mother father both other (name) _____

School reports to: mother father both other (name) _____

Mother

Father

Guardian

First Name:

Last Name:

Profession:

Business:

Business Address:

City:

State:

Zip code:

Business Phone:

Cell Phone:

E-Mail:

Mother

Father

Guardian

First Name:

Last Name:

Profession:

Business:

Business Address:

City:

State:

Zip code:

Phone:

Cell Phone:

E-Mail:

PLEASE COMPLETE REVERSE SIDE

Student Name _____

Other contacts in case of an emergency – Names, cell, home & work phone numbers:

1. _____

2. _____

Primary Physician _____ Phone _____

Other Physician(s) we may need to contact _____ Phone _____

1. Does your child take any medications? _____

If so, which meds are to be given at school? _____

2. Which medications are given at home? _____

3. Please indicate dosage & any special administration instructions: _____

4. For what condition is medication needed? _____

5. Does your child have any allergies? _____ To what? _____

Explain allergic reaction _____

6. Is your child on a special diet? _____ If so, what are the special instructions? _____

7. Has your child ever been stung by a bee? _____ Was there an unusual reaction? _____

8. Has your child had a seizure? _____

Care procedures during seizure _____

Care procedures after seizure _____

9. Any additional medical information we should know? _____

10. **IS THERE ANY SPECIAL INFORMATION WE NEED IF YOUR CHILD HAS TO GO TO THE EMERGENCY ROOM?**

Please sign and date.

Parent/Guardian Signature

Date