

Draw a line through any incorrect information and make corrections. Fill in any blank boxes. Use the back for any additional information.

LAST NAME	FIRST NAME	MIDDLE NAME	HOMEROOM	GRADE

If there are any custody issues that we need to be aware of, include that information on the back of this card, include a copy of the order, or call our guidance office at 724.852.1050 ext. *3227.

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN EMAIL ADDRESS: _____

NAME		ADDRESS		CITY•STATE•ZIP	
PHONE #1	PHONE #2	PHONE #3	RELATIONSHIP TO STUDENT		CIRCLE IF STUDENT RESIDES HERE

EMERGENCY CONTACT #1 INFORMATION:

NAME	RELATIONSHIP	PHONE #1	PHONE #2	PHONE #3

EMERGENCY CONTACT #2 INFORMATION:

NAME	RELATIONSHIP	PHONE #1	PHONE #2	PHONE #3

EMERGENCY CONTACT #3 INFORMATION:

NAME	RELATIONSHIP	PHONE #1	PHONE #2	PHONE #3

LIST THE NAME(S) OF ANYONE NOT PERMITTED TO PICK UP YOUR CHILD FROM WCHS: _____

CLASSROOM INTERNET ACTIVITIES: CHECK ONE OF THE FOLLOWING:

_____ **I GIVE** permission for my child to participate in classroom activities involving the internet, and will comply with internet policies 815, and 815.1.

_____ **I DO NOT GIVE** permission for my child to participate in classroom activities involving the internet.

2018-2019 CENTRAL GREENE DISTRICT PHOTOGRAPH/VIDEO RELEASE: CHECK ONE OF THE FOLLOWING:

_____ **I GIVE** permission for my child’s photo or video to be displayed and shared which may be viewed by the general public (i.e. school newspaper, district website, school yearbook, local newspaper, etc.)

_____ **I DO NOT GIVE** permission for my child’s photo or video footage to be displayed.

ANY INFORMATION NOT PROVIDED IN THE EMERGENCY CONTACTS ABOVE WILL BE DELETED FROM OUR SYSTEM.

HEALTH UPDATE/NURSES INFORMATION:

List all medications and dosages that this child takes on a regular basis or as needed: _____

Please list any health conditions, diseases, allergies, comments or treatments below, and make corrections as needed.

Medical Condition	Comments/Treatments

Please send the doctor’s order and the medication to school as soon as possible for any medication that may be needed during the school day.

List any serious illnesses, injuries or surgeries since last school year: _____

By signing below, I understand that the school nurse may share information relevant to my child’s health condition with appropriate school personnel as needed to meet my child’s health and safety needs. If we are unable to reach the parent/guardian in the event of an injury or illness requiring emergency medical care, the child will be taken to the nearest medical facility.

I also understand that by signing this form, I acknowledge that I am aware of the policies, rules and regulations contained in these documents.

Signature of Parent/Guardian: _____ Date: _____

The WCHS handbook is available at www.cgsd.org. If you do not have internet access, please inform the office and a handbook will be provided to you.

BY INITIALIZING THE FOLLOWING, I ACKNOWLEDGE THAT I HAVE SEEN AND HAD THE OPPORTUNITY TO READ THE:

- 2018 – 2019 WCHS student emergency card _____
- 2018 – 2019 WCHS handbook _____

CUSTODY ISSUES:

Is there a court order/custody agreement involving your child? ____yes ____no (If YES, please provide a copy of the order to the school office so we are able to abide by its contents.)

PLEASE LIST CUSTODY ISSUES HERE: