

Trenton Middle School - Student Health Form

(Fill out one per family – PER SCHOOL)

STUDENT'S LAST NAME: _____ Today's Date: _____

PARENT/GUARDIAN INFORMATION

Home Address: _____	Home Phone: _____	Student lives with: __ mom __ dad __both	
Mother/Stepfather Name _____ Employer _____ Address (if different than student) _____ E-mail address _____	Home Phone: If different than above.	Work Phone:	Cell Phone:
Father/Stepmother Name _____ Employer _____ Address (if different than student) _____ E-mail address _____	Home Phone: If different than above.	Work Phone:	Cell Phone:

PERSON(S) TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

SOMETIMES STUDENTS ARE ILL AND PARENTS CAN'T BE REACHED

Name/Relationship to Student	Home Phone	Work Phone	Cell Phone
1. /			
2. /			
3.			

I give the school nurse permission to share pertinent health information with other school district employees as needed. I give the school district permission to pursue emergency medical treatment in the event the school is unable to reach the designated contacts.

Parent/Guardian Signature _____ Date _____

STUDENTS IN YOUR FAMILY WHO ATTEND TRENTON MIDDLE SCHOOL

STUDENT INFORMATION: (1ST CHILD)

Student Full Name (Please include middle name):	Birth Date:	Current Grade:
Sex: Male [] Female []	Parent/Guardian if different than on front page:	

STUDENT INFORMATION: (2ND CHILD)

Student Full Name (Please include middle name):	Birth Date:	Current Grade:
Sex: Male [] Female []	Parent/Guardian if different than on front page:	

STUDENT INFORMATION: (3RD CHILD)

Student Full Name (Please include middle name):	Birth Date:	Current Grade:
Sex: Male [] Female []	Parent/Guardian if different than on front page:	

STUDENT INFORMATION: (4TH CHILD)

Student Full Name (Please include middle name):	Birth Date:	Current Grade:
Sex: Male [] Female []	Parent/Guardian if different than on front page:	