

Greater Woonsocket Catholic Regional School System

CONFIDENTIAL INFORMATION UPDATE FORM

Dear Parents/Guardians,

The information below is confidential and is needed to bring all records up-to-date. All information you provide will be updated on your child's registration form for the current year. Kindly return this information sheet as soon as possible. Thank you.

Student's Last Name

First Name

Homeroom

D.O.B.

Address

City

State

Zip

Home Phone

Parent Contact Information:

Mother: _____ Daytime #: _____ Cell #: _____

Father: _____ Daytime #: _____ Cell #: _____

In case of illness, injury or emergency, I authorize only the following person(s) to be contacted. I understand that they are the only individuals that may sign my child out of school.

Name: _____ Daytime #: _____

Name: _____ Daytime #: _____

Name: _____ Daytime #: _____

Name: _____ Daytime #: _____

Child lives with: Mother _____ Father _____ Both Parents _____ Other _____

Marital Situation (Check off all that apply):

Parents married: _____ Parents divorced: _____

Parents separated: _____ Mother Remarried: _____ Father remarried: _____

Normal mode of transportation _____
(e.g.: carpool, daycare, walker, bus number)

I understand that if arrangements other than the normal mode of transportation are made, the school will be contacted either by a note or a phone call to the office by 12:00 pm.

Health condition: if your child has any condition which calls for special care or restricted activity, please note it below.

I authorize the school to contact the physician indicated below, if school personnel are unable to reach me.

Local physician's name _____ Phone #: _____

Does your child have any allergies? _____ yes _____ no
(food, bee stings, medications, etc.)

Please list: _____

Has your child ever needed medication or medical attention in the past for an allergic reaction?
_____ yes _____ no

If yes, please explain further: _____

Does your child have asthma? _____ yes _____ no

Does your child have any physical condition of which the school should be aware of ?
_____ yes _____ no

Does your child have a hearing problem? _____ yes _____ no

Does your child wear glasses/contacts? _____ yes _____ no

Is your child on any medication? _____ yes _____ no

If yes, name of medication(s) _____

ALL MEDICATION TO BE GIVEN AT SCHOOL MUST HAVE A WRITTEN DOCTOR'S ORDER AND BE IN A LABELED PHARMACY CONTAINER.

I UNDERSTAND THAT ONLY A REGISTERED NURSE OR THE CHILD'S PARENT MAY ADMINISTER THE MEDICATION.

IF YOUR CHILD IS GOING TO BE OUT SICK, PLEASE CALL THE OFFICE FIRST THING IN THE MORNING AND SEND YOUR CHILD IN WITH A NOTE ON THE DAY THEY RETURN TO SCHOOL.

Parent's/Guardian's Signature

Date