

Classroom Contact Sheet

Student Name _____ **DOB** _____

Allergies (please list all known allergies)

Parent / Guardian Name _____

Cell # _____ Cell Phone Provider _____

Work # _____ Ext _____

Email: _____

Parent / Guardian Name _____

Cell # _____ Cell Phone Provider _____

Work # _____ Ext _____

Email: _____

Emergency Contacts

Name _____ Relationship to Child _____

Phone _____

Name _____ Relationship to Child _____

Phone _____

Has your child been diagnosed by a medical professional with a physical or mental condition; YES / NO (circle one). If so how should a medical professional or a Staff member handle your child? Please give details below

Diagnose: _____
