



Quick Student Info Sheet

Date Updated:

Parent Initials:

Name: _____ DOB: _____

Address: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: (____)____-____

Name: _____ Relationship: _____ Phone: (____)____-____

Approved Pick Up List:

Name: _____ Relationship: _____ Phone: (____)____-____

Name: _____ Relationship: _____ Phone: (____)____-____

Name: _____ Relationship: _____ Phone: (____)____-____

Allergies, Food Restrictions and Allergy Care:

Medications and Instructions:

