



Mountain Phoenix
community school

Vital Information Card 2018-2019

Please fill out form completely

Child's Name: _____	Teacher: _____	Grade: _____
Date of Birth: _____	Address: _____	
City: _____	State: _____	Zip: _____

Parent Name: _____	Parent Name: _____
Email: _____	Email: _____
Phone Number(s): _____	Phone Number(s): _____
_____	_____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____

Pick-Up List

Name: _____	Name: _____
Phone#: _____	Phone#: _____
Address: _____	Address: _____
City: _____ State: ___ Zip: _____	City: _____ State: ___ Zip: _____

Emergency Contacts

(Other than parent/guardian)

Name: _____	Name: _____
Phone#: _____	Phone#: _____
Address: _____ City: _____ Zip: _____	Address: _____ City: _____ Zip: _____
Relationship to child: _____	Relationship to child: _____

Not Permitted to Pick-Up

Name: _____	Name: _____
Court Order? Yes or No	Court Order? Yes or No

Health and Medical

If you answer yes to any of the following, please contact the Clinic Aide prior to August 20th.
Appropriate forms will be given to you that will need to be signed by parent(S), physician and the Clinic Aide. Without a complete Health Care Plan, your child will not be able to start on the first day of school.

Does your child have any allergies? Yes or No
Please List All (including **food allergies**):

Does your child have any form of asthma? Yes or No Does your child need an inhaler? Yes or No

Does your child take any medication, prescription or over-the-counter, on a regular basis? Yes or No
Please Explain:

Does your child have any other health conditions that may require special attention? Yes or No
Please Explain: _____

Please write N/A on the following below and do not leave blank:

Pediatrician: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Dentist: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Preferred Hospital (**in case of Emergency**): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Parent Print: _____ **Parent Signature:** _____

Date: _____