

GRANVILLE CENTRAL SCHOOL DISTRICT  
HEALTH OFFICE IDENTIFICATION CARD

Student Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_ H.R. Teacher \_\_\_\_\_

Home Phone# \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student's Address \_\_\_\_\_ Student's Mailing Address \_\_\_\_\_

Town/Zip \_\_\_\_\_ Town/Zip \_\_\_\_\_

Student resides with: Father, Mother, Step-Father, Step-Mother or Guardian(s) (Circle All)

Father's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Mother's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Employed At \_\_\_\_\_ Phone# \_\_\_\_\_ Employed At \_\_\_\_\_ Phone# \_\_\_\_\_

Brothers and sisters living in household:

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Recent Immunizations, Illness, or Operations: \_\_\_\_\_

If parents/guardian(s) are not available in case of illness or emergency, please call:

1. \_\_\_\_\_ Home Phone or Work# \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. \_\_\_\_\_ Home Phone or Work# \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Family Doctor \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

If the school is unable to reach me in case of serious illness or injury, I hereby authorize the school to make whatever arrangements seem necessary.

ALSO, I UNDERSTAND THAT IF ANY OF THIS INFORMATION CHANGES, I WILL NOTIFY THE SCHOOL. THIS INFORMATION MAY BE USED FOR THE CENSUS.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_