

**RAMSEY JUNIOR HIGH SCHOOL**  
**STUDENT INFORMATION & EMERGENCY INFORMATION**  
**(Every student who attends Ramsey Jr. High is to have one on file)**

Date: \_\_\_\_\_ Custody Issue\* \_\_\_\_\_

Resides with: \_\_\_\_\_ Mom  
\_\_\_\_\_ Dad  
\_\_\_\_\_ Both  
\_\_\_\_\_ Other

Student Number \_\_\_\_\_ Grade \_\_\_\_\_ Gender: M F Birthdate \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name (Legal) First Name Middle Name

Address: \_\_\_\_\_  
House No. Street Apt. No. City Zip Code

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parents or Guardians (Circle one P or G)

\_\_\_\_\_  
Mother/Guardian Student Resides With (Print) Place of Employment

\_\_\_\_\_  
Work Phone Number Cell Phone Number Pager Number

\_\_\_\_\_  
Father/Guardian Student Resides With (Print) Place of Employment

\_\_\_\_\_  
Work Phone Number Cell Phone Number Pager Number

\_\_\_\_\_  
Name of Non-Custodial/Biological Parent (Print) Place of Employment

\_\_\_\_\_  
Work Phone Number Cell Phone Number Pager Number

\_\_\_\_\_  
Emergency Contact(s) if Parent(s) cannot be reached. Relationship Area Code/Day Phone Number

\_\_\_\_\_  
Please list any health concerns, problems, or restrictions that should be brought to the attention of the nurse.

\_\_\_\_\_  
Last School Attended:

School Address: \_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature

**ISD #625 ANNUAL HEALTH & EMERGENCY INFORMATION**

Family Doctor/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

List the DAY, MONTH, and YEAR of any immunizations your student has received in the last year:

Tetanus diphtheria (TD): \_\_\_/\_\_\_/\_\_\_ MMR: \_\_\_/\_\_\_/\_\_\_ HepB 1) \_\_\_/\_\_\_/\_\_\_ 2) \_\_\_/\_\_\_/\_\_\_ 3) \_\_\_/\_\_\_/\_\_\_

Please note: The information on this paper will be requested annually and will be made available to appropriate staff members. In case of EMERGENCY our procedure will be to attempt to contact the parent(s) at home or at work. The Paramedics or local police may be called for assistance. Your student may be taken to Regions Hospital for Emergency Service if no other arrangements have been made.

**\*IF CUSTODIAL ISSUES ARE INVOLVED, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW:**

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealings with, the student named above? \_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, a copy of decree needs to be on file at school.** Please send it to the principal.

If separated or divorced, which parent(s) or person has legal custody of student:

Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

May we contact non-custodial parent in emergency: Yes \_\_\_ No \_\_\_  
(If no, a copy of decree needs to be on file at school.)

Is student allowed to leave with non-custodial parent? Yes \_\_\_ No \_\_\_  
(If no, a copy of decree needs to be on file at school.)

Other children here at school: Names & Grades \_\_\_\_\_  
\_\_\_\_\_