



# MUNROE SCHOOL

## PERSONAL DATA

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian with whom the student lives: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City

State

Zip

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City

State

Zip

Email Address: \_\_\_\_\_

The following people are allowed to pick my child up from school (please include name and phone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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## EMERGENCY CONTACT INFORMATION

**Who to call in case of Emergency:**

1. **Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. **Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Medications:** \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize the agent or officials of RFM to obtain, through a physician, any emergency medical care that may become reasonably necessary for the student in the course of athletic activities or travel. Payments of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing insurance for student.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date