THE MADDUX SCHOOL

11614 Seven Locks Road ♦ Rockville ♦ Maryland 20854 ♦ 301-469-0223 ♦ www.madduxschool.org

2018-19 STUDENT INFORMATION FORM

We update our records at least annually. Please be sure to complete **BOTH SIDES**. *(Information will be treated as confidential)*
Thank you for your assistance.

First Name: **Middle Name:** **Last Name:**

Prefers to be called:

Date of Birth:

Current mailing address: **Other parent/guardian to receive mailings:**

Home Phone:

Student lives with: □ mother □ father □ both □ other (name) _____

□ sibling(s) _____ _____ _____
(names & ages)

Legal Custody: □ mother □ father □ both □ other (name) _____

Send email notices to: □ mother □ father □ both □ other (name) _____

School reports to: □ mother □ father □ both □ other (name) _____

□ **Mother** □ **Father** □ **Guardian**

First Name: **Last Name:**

Business: **Profession:**

Business Address:

City: **State:** **Zip code:**

Business Phone:

Cell Phone: **E-Mail:**

□ **Mother** □ **Father** □ **Guardian**

First Name: **Last Name:**

Business: **Profession:**

Business Address:

City: **State:** **Zip code:**

Phone:

Cell Phone: **E-Mail:**

PLEASE COMPLETE REVERSE SIDE

Student Name _____

Other contacts in case of an emergency – Names, cell, home & work phone numbers:

1. _____

2. _____

_____

Primary Physician _____ Phone _____

Other Physician(s) we may need to contact: _____ Phone _____

_____

1. Does your child take any medications? _____

   If yes, please complete **Medication Order Form** for medications taken at home and/or school.

2. For what condition is medication needed? _____

_____

3. Does your child have any allergies? _____ To what? _____

   Explain allergic reaction _____

4. Is your child on a special diet? _____ If so, what are the special instructions? _____

_____

5. Has your child ever been stung by a bee? _____ Was there an unusual reaction? _____

_____

6. Has your child had a seizure? _____

_____

   Care procedures during seizure _____

_____

   Care procedures after seizure _____

_____

7. Any additional medical information we should know? _____

_____

8. **IS THERE ANY SPECIAL INFORMATION WE NEED IF YOUR CHILD HAS TO GO TO THE EMERGENCY ROOM?**

Please sign and date.

_____ _____

Parent/Guardian Signature Date