AO-110
Revised 9/10

METROPOLITAN SCHOOL DISTRICT OF MT. VERNON
ENROLLMENT & MEDICAL INFORMATION
(Please print)

Student Photo Here

School Use Only: ID#_____ STN# _____ Enroll Date _____ Yr of Grad _____

School _____ Bus # AM _____ Bus # PM _____ Grade _____

Student Name (Last, First, Middle) _____ Social Security # _____

Address _____ City_____ Zip _____ Home Phone _____

Gender ___ Male ___ Female Date of Birth _____ Birthplace _____

Ethnicity Is student Hispanic or Latino? ___ Yes ___ No

Race (check one or more) ___ American Indian/Alaskan ___ Asian ___ Black/African American ___ Hawaiian/Pacific Islander ___ White

1st Parent Name _____ Relationship _____ Email _____

Address _____ City_____ Zip _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

2nd Parent Name _____ Relationship _____ Email _____

Address _____ City_____ Zip _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Guardian Name _____ Relationship _____ Email _____

Address _____ City_____ Zip _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

With whom does your student live? ___ Mother ___ Father ___ Both ___ Guardian ___ Other _____

Other Emergency Contact If unable to contact parent/guardian above, please contact:

1. _____ Relationship _____ Home Phone _____ Cell Phone _____
2. _____ Relationship _____ Home Phone _____ Cell Phone _____

School Last Attended Name _____ Grade _____

Address _____ City_____ State _____ Zip _____

Other Family at Home Name _____ Relationship _____ Birthdate_____

Name _____ Relationship _____ Birthdate_____

Medical

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital Preference _____ School Insurance ___ Yes ___ No Other Insurance _____

Student's Medical Problems (i.e. allergies, medications) _____

_____

Authorization and Permission

I hereby give my permission, for the safety of my child, to share the above medical information with the appropriate MSD of Mt. Vernon employees and emergency medical personnel as necessary. I also give my permission and authorize school officials to administer first aid in case of illness or accident at school or at school-sponsored activities.

I further give permission and authorize the MSD of Mt. Vernon, and any employees thereof, to obtain any medical services, including but not limited to calling an ambulance and/or x-ray examination, anesthetic, surgical treatment, or any hospital service, for the above named student in the event said student suffers any illness or accident.

This medical consent is given in advance of treatment to encourage and authorize the school and employees and/or physicians to exercise their judgment in the best interest of my child. I also understand that I will assume full financial responsibility for necessary expenses as may be incurred in the foregoing.

Signature _____ Date _____