



Come Read with Me
...and so much more!

Student Information

It is necessary that we have a hard copy of current contact and medical information for each student signed by the student and their guardian. **Please advise our office if any information or medical needs change.** Schedule a registration appointment with Julia McCullough at 817.553.7323, director@crwmtx.org.

(Please complete packet before your appointment)

STUDENT INFORMATION		
Name		Female
		Male
Nickname	Date of Birth	
Street Address		
City	State	Zip
Student Home Phone		
Student Mobile Phone	Medicaid Number:	
Student Email		
PARENT OR GUARDIAN INFORMATION (Primary Emergency Contact)		
	PARENT OR GUARDIAN	PARENT OR GUARDIAN
Name		
Address (if different from student)		
Home Phone		
Mobile Phone		
Work Phone		
Email		
ALTERNATIVE EMERGENCY CONTACT INFORMATION		
Name		
Relationship		
Home Phone		
Mobile Phone		
Work Phone		
Email		





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***** Please complete *****

Student Medical Information

Describe medical diagnosis and medical information that might be necessary for teaching staff to know, i.e. allergies, seizure management, etc.
PLEASE LIST ALL CURRENT MEDICATIONS

Hospital/Clinic Preference	Phone Number
Physician's Name	Phone Number
Insurance Company	Policy Number

Medical Release Form

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and medical and/or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for _____ (student's name) and, as parent/guardian I waive my right to informed consent of treatment. This waiver applies *only* in the event neither parent/guardian can be reached in the case of an emergency.

Student Signature	Date
Parent/Guardian Signature	Date

