1110 N 66th ST - Omaha, NE 60132 - TEL: 402-390-0556 - FAX: 402-614-1716

PHOENIX ACADEMY

STUDENT CONTACT AND MEDICAL INFORMATION

Student Name:_____ Date of Birth:_____

Mother's Name:_____ Father's Name:_____

Student's Home Address:_____

City:_____ State:_____ Zip:_____ Tel:_____(Type)_____
Home, Cell, Work

Parent Email Address: (Mom)_____

(Dad)_____

(Other, please specify)_____

MEDICAL INFORMATION

Allergies:_____

Medications taken regularly:_____

Special Needs/Dangerous Allergies:_____

Medicines needed at school for emergencies (Asthma, Epi-Pen, etc.)_____

_____

Primary Contact in case of emergency :

Name **Relation**

_____ _____ _____-_____-_____(Type) _____
Home, Cell, Work

IF THE SCHOOL IS UNABLE TO REACH ME IN AN EMERGENCY, PLEASE CALL:

Name **Relation**

_____ _____ _____-_____-_____(Type)_____
Home, Cell, Work

_____ _____ _____-_____-_____(Type)_____
Home, Cell, Work

_____ _____ _____-_____-_____(Type)_____
Home, Cell, Work

Child's Physician _____ _____-_____-_____

Best way to contact during the day:

Call _____ Phone Number:_____

Email _____ Best Email: _____

Employment

Mother's Place of Employment:

Name of Business: _____

Address:_____

Phone Number:_____

Father's Place of Employment:

Name of Business:_____

Address:_____

Phone Number:_____

Other People in the Household

Name	School or Place of Employment
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature:_____ **Date:** _____