

ST. AUGUSTINE HIGH SCHOOL



STUDENT INFORMATION FORM 2008-2009

Changes to information

STUDENT

Last Name: _____ First: _____ Middle: _____ Nickname: _____

Birth date: _____ SSN: _____ Class of: _____ Parish: _____

Primary Residence: _____ City: _____ State: _____ Zip: _____

Home phone: () _____ Student Cell phone: () _____ Primary e-mail: _____ @ _____

Secondary Residence: _____ City: _____ State: _____ Zip: _____

Home phone: () _____ Secondary e-mail: _____ @ _____

PARENTS/GUARDIANS

Father/Guardian: _____ Cell phone: () _____ Work phone: () _____

Business Name/Address: _____ Job Title: _____

Mother/Guardian: _____ Cell phone: () _____ Work phone: () _____

Business Name/Address: _____ Job Title: _____

EMERGENCY CONTACT

Name: _____ Cell phone: () _____ Other phone: () _____ Relationship: _____

HEALTH INSURANCE

Provider: _____ Primary Care Physician: _____ PCP Phone: () _____
HMO PPO (circle one)

MEDICAL INFORMATION:

Please list ALL current allergies, medical conditions, medications: _____

PARENT CONSENT

I hereby give my consent for the above named student to participate in school related travel to various events using transportation which qualifies under St. Augustine High School regulations. I further authorize the school to act as agents in consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or at the hospital.

It is further understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. I further agree to hold said agent free and harmless from liability and/or financial responsibility arising from use of this authorization.

I hereby release St. Augustine High School and any and all of its agents from any liability out of or in any manner related to his participation in athletic competition, school related activities as well as the transportation of students to events.

This authorization will remain effective from August 16, 2008 through June 15, 2009 unless sooner revoked in writing delivered to said agent/agents.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

GRANDPARENTS DAY INVITATION

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____