



Updated Contact Information B.A.S.E. Program Westlake Charter School

2011 - 2012

Student Name _____
Last First M.I.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager Number _____

Email Address _____

CA Driver's License Number _____

Employer Name _____ Employer Phone Number _____

- Mother
 - Father
 - Stepmother
 - Stepfather
 - Grandmother
 - Grandfather
 - Aunt
 - Uncle
 - Sibling
 - Cousin
 - Foster Parent
 - Other

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager Number _____

Email Address _____

CA Driver's License Number _____

Employer Name _____ Employer Phone Number _____

- Mother
 - Father
 - Stepmother
 - Stepfather
 - Grandmother
 - Grandfather
 - Aunt
 - Uncle
 - Sibling
 - Cousin
 - Foster Parent
 - Other

NON-CUSTODIAL PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager Number _____

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Father | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Other |

ADDITIONAL EMERGENCY CONTACT INFORMATION (Please do not include anyone listed above)
 If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

<p>1. _____ Last Name / First Name</p> <p>_____</p> <p>Relationship to student</p>	<p>_____</p> <p>Home Phone</p> <p>_____</p> <p>Cell Phone</p>	<p>_____</p> <p>Work Phone</p> <p>_____</p> <p>Pager Number</p>
<p>2. _____ Last Name / First Name</p> <p>_____</p> <p>Relationship to student</p>	<p>_____</p> <p>Home Phone</p> <p>_____</p> <p>Cell Phone</p>	<p>_____</p> <p>Work Phone</p> <p>_____</p> <p>Pager Number</p>
<p>3. _____ Last Name / First Name</p> <p>_____</p> <p>Relationship to student</p>	<p>_____</p> <p>Home Phone</p> <p>_____</p> <p>Cell Phone</p>	<p>_____</p> <p>Work Phone</p> <p>_____</p> <p>Pager Number</p>

IF YOUR CHILD HAS ANY SPECIAL HEALTH NEEDS OR CONDITIONS, PLEASE COMPLETE THE STUDENT HEALTH CARE PLAN ON THE OPPOSITE SIDE OF THIS FORM.

EMERGENCY INFORMATION:

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of Westlake Charter School to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below to undertake such care and treatment as is considered necessary. In the event that said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Physician Name _____ Address _____ Phone _____

Health Insurance Provider _____ Insurance ID # _____ Hospital Preference _____

I agree to bear all cost incurred as a result of the foregoing.

Parent/Guardian Signature _____ Date _____

Dentist Name _____ Address _____ Phone _____

Dental Insurance Provider _____ Insurance ID # _____

IF YOUR CHILD HAS ANY SPECIAL HEALTH NEEDS OR CONDITIONS, PLEASE COMPLETE THE FOLLOWING:

STUDENT HEALTH CARE PLAN:

Condition:	Current Health:
Brief Background:	Other Pertinent Info:
Medications & Dosages:	Allergies:

1	If this happens...
2	Do this...
3	Other information...

1	If this happens...
2	Do this...
3	Other information...

IF WCS IS TO ADMINISTER ANY TYPE OF MEDICATION TO YOUR CHILD AT ANY TIME, YOU MUST SUBMIT WRITTEN PHYSICIAN'S AUTHORIZATION TO THE WCS OFFICE AND COMPLETE THE *PHYSICIAN'S AUTHORIZATION FOR MEDICATION* FORM.