



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

2008-2009

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

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

**STUDENT HEALTH CARE PLAN:**

<b>Condition:</b>	<b>Current Health:</b>
<b>Brief Background:</b>	<b>Other Pertinent Info:</b>
<b>Medications &amp; Dosages:</b>	<b>Allergies:</b>

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 A WRITTEN PHYSICIAN'S AUTHORIZATION TO THE WCS OFFICE AND COMPLETE THE *PHYSICIAN'S AUTHORIZATION FOR MEDICATION* FORM.**