

Student Information Card:

DEMOGRAPHICS:

Name: _____

NCWISE #:

Mailing Address:

—

—

Grade/Homeroom Teacher: _____

PARENTAL CONTACTS:

Name: _____

Relationship:

Mailing Address:

—

—

Daytime #: _____

Evening #:

Email: _____

Fax #:

Name: _____

Relationship:

Mailing Address:

Daytime #: _____

Evening #:

Email: _____

Fax:

EMERGENCY CONTACTS: (Please specify: House- H, Work- W, Cell- C)

Name: _____ Relationship: _____ Phone #: _____

_____ Name: _____ Relationship: _____

_____ Phone #: _____

ALLERGIES:

Allergic to the following Medications:

Allergic to the following foods:

Type of reaction to the medications/foods:

MEDICATIONS:

Medications taken on a regular basis:

Reason(s) for taking medication:

Time of day medication is taken: (school/home)

Other Important Medical Information:

TRANSPORTATION: (circle mode & a.m./p.m.) Car Rider Walker

Any other Important Information:
