

Please circle incoming Class

Freshman Sophomore
Junior Senior

Academic Year 2009-2010

Bishop Brady High School

STUDENT INFORMATION FORM

Tel. (603) 224-7418

25 COLUMBUS AVE, CONCORD, NH 03301

FAX (603) 228-6664

This information is strictly **CONFIDENTIAL** and will be used as an aid to provide necessary health care while you are a student. Information supplied will become a part of your health record, and will not be released to anyone except by your written authorization. Please return to us as soon as possible.
(PLEASE PRINT)

STUDENT NAME _____ DATE OF BIRTH _____

PHYSICAL ADDRESS: _____ Home Phone _____
Last First Middle Street City State Zip

PARENTS/LEGAL GUARDIAN _____

MOM: Cell Phone _____ DAD: Cell Phone _____ STUDENT: cell _____

Work Phone _____ Work Phone _____

PARENT'S E-MAIL _____ STUDENT'S E-MAIL _____

If parents are divorced or separated and one is residing at another address, please provide the following information:

2ND PARENT NAME _____

ADDRESS _____ HOME PHONE _____
Street City State Zip

PLEASE PROVIDE THE NAME OF A PERSON OTHER THAN THE PARENTS TO CONTACT IN CASE OF AN EMERGENCY SO THAT WE HAVE AN ADDITIONAL CONTACT IF PARENTS CAN NOT BE REACHED:

NAME: _____

RELATIONSHIP: _____

PHONE: _____ CELL: _____

PRIMARY PHYSICIAN: _____ OFC. PHONE#: _____ FAX#: _____

ADDRESS: _____
Street City State

My signature below, gives permission for the staff and faculty of Bishop Brady High School to administer the following over-the-counter medications in the manufacturer's recommended dose to my son or daughter during the day if the need arises:

PLEASE CHECK THE MEDICATIONS WE CAN GIVE TO YOUR CHILD

ACETAMINOPHEN (TYLENOL) IBUPHROFEN (ADVIL) ANTACIDS (TUMS)

Written documentation of a Physical examination performed within a year of the student's first day of school is required for all new students to Bishop Brady. An official Immunization History Report needs to accompany this documentation. A Bishop Brady Physical Examination Form should be given to your physician to complete and return to us. These forms are available through the Admissions Office. All forms must be received before the start of the school year. And remember . . .

Students will not be allowed to attend school until the proper medical/immunization documents are sent to us.

Parent's Signature _____ Date _____