



Horseshoe Bend School District #73 Current Student Records Update Form

Student's Legal Name: _____ Grade: _____

Has there been any changes in medical information? No Yes (indicate below)

Recent Booster Date: _____

Allergies: _____

Medication: _____

Other: _____

Has there been any changes in custody status? No Yes (indicate below)

Custody: Mother Father Joint

Non-Custodial Parent: Permission to See Permission to Pick Up

Copy of Custody Papers on File? Yes No

Primary Household

Address: _____ Home Phone: _____

Parent/Guardian (living in this household)

Name: _____ Relation to Student _____

Email Address: _____ Work Phone: _____ Cell: _____

Parent/Guardian (living in this household)

Name: _____ Relation to Student _____

Email Address: _____ Work Phone: _____ Cell: _____

Emergency Contacts

Name: _____ Relation to Student _____

Work Phone: _____ Cell: _____

Name: _____ Relation to Student _____

Work Phone: _____ Cell: _____

By signing below, permission and acknowledgement is given for the following:

- In the case of an emergency, and parents and emergency contacts cannot be contacted, school officials will be contacting Emergency Medical Technicians which may include ambulance service.

Parent/Guardian Signature: _____ Date: _____