



**Cleveland High School**  
4800 Laban Road, NE., Rio Rancho, NM. 87144  
(505) 938-0285



### Information Form

#### Student's Information:

Name (Last, First)			
Grade (Fall 2019):	Gender:	Instrument:	

#### Parent/Guardian Contact Information:

Parent/Guardian 1 (Last, First):			
Address (Street, City, State, Zip):			
Home Phone:	Work Phone:	Cell Phone:	
Parent/Guardian 2 (Last, First):			
Address (Street, City, State, Zip):			
Home Phone:	Work Phone:	Cell Phone:	

#### Additional Emergency Contact Information:

Name	Relation	Phone 1	Phone 2

#### Medical Information:

Physician:			Phone:	
Hospital Preference:	Medical Insurance:	Insurance #:		
Health Concerns:				
Treatment Plan:				
Non-Food Allergies:	Describe Reaction & Treatment Plan:			
Dietary Restrictions or Food Allergies:	[ ] None	[ ] Preference – Specify (i.e. lacto-ovo vegetarian, etc.)	[ ] Allergy/Medically Necessary – Specify	
Dietary Omissions:	Dietary Substitutions:			

I give permission for my child, \_\_\_\_\_, to be given over the counter medication as needed. (i.e. acetaminophen, ibuprofen, etc.) ☐ Yes ☐ No

My child currently takes the following prescription medications (Specify):

Parent Signature

Date