



**EMERGENCY NUMBERS**

PLEASE LIST TWO LOCAL PEOPLE OTHER THAN YOURSELF.

_____	_____	_____
Name	1 <sup>st</sup> Phone	2 <sup>nd</sup> Phone
_____	_____	_____
Name	1 <sup>st</sup> Phone	2 <sup>nd</sup> Phone

**TRANSPORTATION**

Transportation Routine (circle): Bus: AM PM Walker: AM PM Car: AM PM

Others that may transport my child(ren): \_\_\_\_\_

If student drives to school: Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Licence Plate # \_\_\_\_\_

Special classes, IEP, Retentions: \_\_\_\_\_

Have any of the above students ever been suspended or expelled previously from any school: Yes / No

If yes, provide the name of the school and when: \_\_\_\_\_

Child Protection Alert – **Legal Document required** \_\_\_\_\_

**MEDICAL:**

Medical Information (allergies, medications, other health problems): \_\_\_\_\_

I give my permission for Victory Charter School to give my child the following medications. (Tylenol, Ibuprofen,

Allergy medicine, cough drops): \_\_\_\_yes \_\_\_\_ no. If your child requires any other medication, you will

need to fill out a medication form @ the school office. The school does not provide allergy medications.

**In case of an emergency, if I am not available, the school has my permission to call or take my child to Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ or to the hospital.**

**If at any time the above information changes, notify the Victory office.**

**The preceding information is accurate and complete to the best of my knowledge.**

(Please print *and* sign **all** parent signatures so we have a record of your signature)

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please continue on the other side**