

Come Read with Me

901 Clinic Drive, Suite D109
Eules, Texas 76039 817.553.7323

Returning Student Updated Contact Information

It is necessary that we have a hard copy of current contact and medical information for each student signed by the student and their guardian. Please advise if telephone numbers or medical needs change.

Schedule a registration appointment with Tom Quinn at 817.553.7323 or email at tom.quinn@comereadwithme.us

(Please complete packet before your appointment.)

STUDENT INFORMATION		
Name		Female Male
Nickname	Date of Birth	
Street Address		
City	State	Zip
Student Home Phone		
Student Cell Phone		
Student Email		

PARENT OR GUARDIAN INFORMATION (Primary Emergency Contact)		
	PARENT OR GUARDIAN	PARENT OR GUARDIAN
Name		
Address if Different From Student		
Home Phone		
Cell Phone		
Work Phone		
Email		

ALTERNATIVE EMERGENCY CONTACT INFORMATION		
Name		
Relationship		
Home Phone		
Cell Phone		
Work Phone		

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Medical Release Form Returning Student Updated Medical Information

Please complete

MEDICAL INFORMATION

Describe medical diagnosis and medical information that might be necessary for teaching staff to know, i.e. allergies, seizure management, etc.

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and medical and/or hospital procedure may be performed or prescribed by the attending physician and/or paramedics for

Name of Student

And, as parent/guardian I waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Student Signature

Date

Parent/Guardian Signature

Date