

# RIVERSIDE ELEMENTARY SCHOOL CHECK OUT/CLINIC CARD

COMPLETE AND RETURN TO YOUR CHILD'S HOMEROOM TEACHER

STUDENT \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MY CHILD HAS PERMISSION TO BE CHECKED OUT OF SCHOOL BY THE FOLLOWING PERSONS.  
IN THE EVENT THE PARENT/GUARDIAN CANNOT BE REACHED, THE FOLLOWING PERSONS CAN BE CALLED IN CASE OF AN EMERGENCY.\*

FATHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

PLEASE LIST ANY BROTHERS OR SISTERS IN THE GWINNETT COUNTY SCHOOL SYSTEM.

|            |              |
|------------|--------------|
| NAME _____ | SCHOOL _____ |
| _____      | _____        |
| _____      | _____        |
| _____      | _____        |

LIST ANY MEDICATIONS TAKEN BY YOUR CHILD AND ANY SPECIAL INSTRUCTIONS.

\_\_\_\_\_  
\_\_\_\_\_

MEDICAL HISTORY/PROBLEMS: INDICATE **YES** OR **NO**. HAS STUDENT HAD CHICKEN POX \_\_\_\_\_ DIABETES \_\_\_\_\_  
ASTHMA \_\_\_\_\_ SEIZURES \_\_\_\_\_ HEART DISEASE \_\_\_\_\_ CHEMICAL SENSITIVITY \_\_\_\_\_  
(IF SO, TO WHAT \_\_\_\_\_) OTHER \_\_\_\_\_

IF ALLERGIES, PLEASE LIST SPECIFIC ALLERGIES: \_\_\_\_\_

IS MEDICATION NEEDED AT SCHOOL? \*\* \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES YOUR CHILD NEED TO HAVE A TREATMENT PLAN COMPLETED? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*I UNDERSTAND THAT IN THE EVENT THE PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL HAS MY PERMISSION TO TAKE APPROPRIATE EMERGENCY MEDICAL ACTION, INCLUDING CALLING 911.

\*\*IF YOUR CHILD NEEDS MEDICATION (INCLUDING, BUT NOT LIMITED TO, TYLENOL, BENADRYL, ETC.) IT IS THE PARENTS' RESPONSIBILITY TO PROVIDE THE MEDICATION(S).

**CHECK HERE IF CUSTODY PAPERS EXIST FOR YOUR CHILD:** \_\_\_\_\_

WE MUST HAVE CURRENT COPIES OF COURT PAPERS IF CUSTODY ISSUES ARE INVOLVED WITH YOUR CHILD(REN).  
IF THIS APPLIES TO YOUR CHILDREN, PLEASE INITIAL HERE. \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

**NO STUDENT CHECK OUTS AFTER 2:25 PM**