

Benhaven School Demographic Information

Student Information

Date

If your child lives in a group home please use that address and phone information.

First Name

Last Name

Date of Birth

House Manager

Student Address

City

Phone

State

ZIP Code

Parent Information Mother

First Name

Last Name

Home Address

Home Phone

Cell Phone

Work Phone

E-mail

City

State

ZIP Code

Parent Information Father

First Name

Last Name

Home Address

Home Phone

Cell Phone

Work Phone

E-mail

City

State

ZIP Code

If divorced which parent has guardianship? Which parent does child live with?

Emergency Contact #1 (other than parent)

First Name Last Name
 Relationship
 Home Phone Cell Phone
 Work Phone E-mail

Emergency Contact #2 (other than parent)

First Name Last Name
 Relationship
 Home Phone Cell Phone
 Work Phone E-mail

Emergency Contact #3 (other than parent)

First Name Last Name
 Relationship
 Home Phone Cell Phone
 Work Phone E-mail

Medical Information

Primary Physician & Facility
 Address
 City
 State ZIP Code
 Phone Number Fax
 Hospital Choice

Permission to contact physician annually to renew prescriptions administered at school. Yes No

List all current medications:

List all Allergies:

Prescribing Physician

Phone Fax

Parent/Guardian : Typing your name constitutes a digital signature: