**Cobb County School District**
**CLINIC CARD**

Please print in ink

Grade: _____ Teacher: _____ School and Year: _____

Student Name: _____ ☐ M ☐ F DOB: _____
Last First Middle

Address: _____ Home Phone: _____
Street City Zip

Name of parents/guardians with whom the student resides:

| Name | Relationship | Home Phone | Cell Phone | Work Phone |
|---|---|---|---|---|
| Name | Relationship | Home Phone | Cell Phone | Work Phone |

Names of Siblings: _____ School attends: _____ DOB: _____

_____ School attends: _____ DOB: _____

Health Concerns: _____

Allergies: Yes/No List here: _____

List All Routine Medications: _____

**MEDICAL RELEASE STATEMENT:** I hereby authorize Cobb County Schools to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached. I will assume full responsibility for all charges related to above.

Parent/Guardian Signature: _____ Date: _____

Rev. 5/11/15

**Cobb County School District**
**CLINIC CARD**

Please print in ink

Grade: _____ Teacher: _____ School and Year: _____

Student Name: _____ ☐ M ☐ F DOB: _____
Last First Middle

Address: _____ Home Phone: _____
Street City Zip

Name of parents/guardians with whom the student resides:

| Name | Relationship | Home Phone | Cell Phone | Work Phone |
|---|---|---|---|---|
| Name | Relationship | Home Phone | Cell Phone | Work Phone |

Names of Siblings: _____ School attends: _____ DOB: _____

_____ School attends: _____ DOB: _____

Health Concerns: _____

Allergies: Yes/No List here: _____

List All Routine Medications: _____

**MEDICAL RELEASE STATEMENT:** I hereby authorize Cobb County Schools to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached. I will assume full responsibility for all charges related to above.

Parent/Guardian Signature: _____ Date: _____

Rev. 5/11/15