

**PLYMOUTH-CANTON COMMUNITY SCHOOLS
P-CEP STUDENT EMERGENCY INFORMATION 2011-12**

PLEASE PRINT

LEGAL LAST NAME _____ FIRST _____ MIDDLE INIT _____ MALE / FEMALE
GENDER (CIRCLE ONE)

HOUSE # _____ STREET NAME (Address Changes MUST be made with Records Secretary) _____ APT # _____ CITY _____ ZIP CODE _____ BIRTHDATE _____

HOME PHONE _____ Y N _____ STUDENT I.D. # _____ HOME SCHOOL _____ 20 _____
Unlisted? Canton, Plymouth, or Salem YEAR OF GRAD COUNSELOR

STUDENT RESIDES WITH: (PLEASE CIRCLE) MOTHER FATHER BOTH PARENTS LEGAL GUARDIAN

STUDENT HEALTH INFORMATION HEALTH CONCERNS		
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> KIDNEY DISEASE	EXPLAIN:
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> SEIZURES	_____
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> VISION	_____
<input type="checkbox"/> DIABETES	<input type="checkbox"/> WALKING / MOBILITY	_____
<input type="checkbox"/> EMOTIONAL	<input type="checkbox"/> OTHER	_____
<input type="checkbox"/> HEARING	<input type="checkbox"/> NONE KNOWN	_____
<input type="checkbox"/> HEART CONDITION		
DOES THIS STUDENT HAVE ANY PHYSICAL RESTRICTION(S)? YES _____ NO _____		
EXPLAIN: _____		
<u>DOCTOR'S NOTE REQUIRED IF RESTRICTION INCLUDES PHYSICAL EDUCATION MEDICATION - LIST ALL MEDICATIONS AND DOSES THIS STUDENT USES REGULARLY:</u>		

Physician authorization required if medication is administered at school

HEALTH INFORMATION PROVIDED ON THIS FORM AND INFORMATION SUBMITTED ON PHYSICAL HEALTH APPRAISALS MAY BE SHARED WITH SCHOOL PERSONNEL, WHO ARE INVOLVED WITH THE HEALTH AND SAFETY OF MY CHILD. IF SCHOOL PERSONNEL ARE UNABLE TO REACH ME OR A PERSON WHOM I HAVE DESIGNATED, I HEREBY AUTHORIZE THEM TO SECURE EMERGENCY MEDICAL TREATMENT AS NECESSARY. I AGREE TO PAY ALL EXPENSES INCURRED BY THE EMERGENCY CARE.

PARENT OR GUARDIAN SIGNATURE: _____ **DATE:** _____

I agree to review the **STUDENT PLANNER/HANDBOOK** to understand the rights and responsibilities pertaining to students. I agree to abide by the rules, procedures and policies of the District. If I have questions, I will contact an administrator for more information.

PARENT INITIALS: _____ **STUDENT SIGNATURE:** _____ **DATE:** _____

Updating Emergency Contact Information

- Parents are able to update their phone numbers, email addresses, and more through the new Contact Updater in Zangle ParentConnection. To update your information, login to Zangle ParentConnection and click on "Update Information" in the upper right corner. Any submitted changes will be pending, until approved by the building's Records Secretary. More information is included in the Help document [Instructions for Zangle ParentConnection](#) on the district's Zangle Services page.
- Check the Contacts tab in Zangle ParentConnection for a list of other authorized contacts for your student(s). Changes to this list can be made by clicking on the link "E-mail school personnel to inquire about contact information." If you wish to add an authorized contact for your student, please include the name, phone number, and relationship to the student.
- If you do not have access to an online computer, please contact the Records Secretary in your student's home school to make any changes to your emergency contact information.

Canton High School Records	Linda Delezenne	(734) 455-6790
Plymouth High School Records	Donna Hensel	(734) 582-5582
Salem High School Records	Marilyn Jaeger	(734) 416-7793