

Complete All Information on Both Sides

EMERGENCY CARD - CONFIDENTIAL

Please Print

Student's Last Name (Legal) _____ _____	First Name _____ _____	Middle _____ _____	<u>School Year</u> _____ <u>School</u> _____	<p style="text-align: center;"><i>Office Use Only</i></p> Teacher/Counsel. _____ Grade _____ Room _____ Bus _____ CONCAP [] Hm. Sch. _____ Sp. Ed. [] RSP [] Eth. Cd []
Street Address _____ _____ Apt # _____ Zip Code _____			<u>Date of Birth</u> _____	Last School of Attendance _____ City _____
Home Phone (1) _____ Home Phone (2) _____				
Parent/Guardian 1 Name _____ _____ Address _____ Relationship _____ Driver's Lic. # _____		Name & Address of Employment _____ _____ Work Phone: _____ Cell Phone: _____ Pager: _____ E-mail address _____		
Parent/Guardian 2 Name _____ _____ Address _____ Relationship _____ Driver's Lic. # _____		Name & Address of Employment _____ _____ Work Phone: _____ Cell Phone: _____ Pager: _____ E-mail address _____		
Day Care Provider: _____ Phone #1: _____ Phone #2: _____				
List names of other children attending this school: _____ _____			School is authorized to share my phone number with the PTA: Yes _____ No _____	Check here if student will be riding the bus: Yes _____ Bus Number: _____
Parent/Guardian with whom the child lives _____ Phone _____ If the parents are divorced or separated, to whom has physical custody been given? (attach verification) _____				

Please Read:

The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency information. The school shall be notified, in writing, of telephone or address changes within three days (3) of the occurrence. If the school is unable to reach anyone on this card in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

I have read this and understand my responsibility. _____ Parent / Guardian Signature

Note: The adults listed below are authorized to pick up and care for the above-named student. The student may be released to others with written or verbal authorization.

Name 1: _____ Phone: _____ Relationship _____	Name 2: _____ Phone: _____ Relationship _____
Name 3: _____ Phone: _____ Relationship _____	Name 4: _____ Phone: _____ Relationship _____
Name 5: _____ Phone: _____ Relationship _____	Name 6: _____ Phone: _____ Relationship _____
Name 7: _____ Phone: _____ Relationship _____	Name 8: _____ Phone: _____ Relationship _____

Special instructions / comments / (Include instructions for pickup of student):

General Health Information

CHECK HERE IF THERE ARE NO HEALTH PROBLEMS.

Does student wear glasses or contact lenses? Yes No

Does student wear hearing aids or is the student diagnosed with hearing loss? Yes No

PLEASE CHECK ALL THAT APPLIES TO YOUR CHILD:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Frequent nosebleeds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Severe Allergy |
| | | | <input type="checkbox"/> Epi-pen |

Other: _____

LIST ALL MEDICATION, WITH DOSE, TAKEN BY YOUR CHILD

AT HOME _____

AT SCHOOL _____

Does student have condition that limits participation in: classroom physical education

Explain: _____

(NOTE: The physician must provide a note explaining the limitation and reason for the student's limited participation in physical education and the note must be updated every school year)

SPECIAL INSTRUCTIONS/COMMENTS: List any special health needs or medical problems, including specific allergic reactions (food, bee sting, etc.), if student has an active emergency care plan, medical 504 Plan, Diabetic Medical Management Plan, etc.

Please Read:

- * California Education Code 49408 states that school districts may require that emergency information be kept current.
- ** The parent or legal guardian of a public school pupil on a continuing medication regimen shall inform the school nurse or other designated certificated employee of the medication being taken.
- *** California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parent and physician.

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____ Pager _____

Emergency Facility/Phone _____

Does this student have Health Insurance? Yes or No Does this student have Dental Insurance? Yes or No

Name of Insurance Coverage or Health Plan Provider: _____ Student's Medical Record Number _____

If not, I give permission to SCUSD to share this information to help apply for health insurance for my child. Yes No

I certify that the information is true and correct.

Parent/Guardian Signature _____ Date _____