STUDENT EMERGENCY FORM

MATSUYAMA ELEMENTARY

School Year 2020-2021

Teacher_____

DEMOGRAPHIC INFORMATION					
Student Legal Last Name	**Legal First Name**	**Legal Middle Name**	**Gender**	**Grade**	**DOB**
			☐ Male ☐ Female		

PRIMARY HOUSEHOLD: *This is the address where the student **primarily** lives.*

******Attach proof if changed from last year******

Primary Household Address:			
Parent/Guardian 1	Full Legal Name:	DOB:	Email:
Relationship to student:	Cell Phone:	Work Phone:	
Parent 2/other adult in household name:		DOB:	Email:
Relationship to student:	Cell Phone:	Work Phone:	

SECONDARY HOUSEHOLD: **Complete this section **ONLY** if the parents **do not** live in the same household.*

Secondary Household Address:			
Parent/Guardian 2	Full Legal Name:	DOB:	Email:
Relationship to student:	Cell Phone:	Work Phone:	
Other Parent/adult in household	Legal Name:	DOB:	Email:
Relationship to student:	Cell Phone:	Work Phone:	

NON-HOUSEHOLD EMERGENCY CONTACTS: ***List people who can check your child out of school.***

Name:	DOB:	Relationship to student:	Phone Number:
Name:	DOB:	Relationship to student:	Phone Number:
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Name:	DOB:	Relationship to student:	Phone Number:
Name:	DOB:	Relationship to student:	Phone Number:

***PLEASE READ and Initial:** California Education Code 49408 states that school districts can require that emergency information be kept current. **Parent/guardian is responsible for notifying the school, in writing, of any telephone or address changes within three (3) days of the occurrence.** If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.*

Parent/Guardian initials:_____

HEALTH AND EMERGENCY INFORMATION

☐ **Check here if student has NO KNOWN HEALTH PROBLEMS.**

☐ **Check here if student has KNOWN HEALTH PROBLEMS *and* check all that apply below.**

☐ ADD/ADHD
☐ Asthma
☐ SEVERE Allergy to: _____
☐ Epi-Pen
☐ Heart Problems
☐ Seizures
☐ Diabetes ___Type I ___Type II
☐ Other: _____

☐ Check here if student wears glasses/contact lenses.

☐ Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in: ☐ Classroom ☐ Physical Education

Explain:

List all medications (including dosage) taken by your child *and* indicate whether medication is needed at home, school, or both. *Note: 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 parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

AT HOME _____

AT SCHOOL _____

WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)

☐ Resource (RSP) ☐ 504 ☐ Speech & Language ☐ Gifted (GATE)
☐ Special Day Class (SDC) ☐ IEP ☐ English Learner Support ☐ NONE

Special Instructions/Comments (Medical 504 Plan, special health needs, emergency care plan, etc.):

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 and Phone Number _____

Does this student have health insurance? ☐ Yes ☐ No **Does this student have dental insurance?** ☐ Yes ☐ No

Name of Insurance 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*

The information provided is accurate to the best of my knowledge, and I understand my responsibility.

_____

Signature of Legal Parent/Guardian Registering Student ***Relationship to Student*** ***Date***