



# STUDENT EMERGENCY FORM

School Year 2021-2022

MATSUYAMA ELEMENTARY

Teacher \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Grade	DOB

**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:
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Relationship to student:	Cell Phone:	Work Phone:
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Parent 2/other adult in household name:	DOB:	Email:
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Relationship to student:	Cell Phone:	Work Phone:
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**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:
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Relationship to student:	Cell Phone:	Work Phone:
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Other Parent/adult in household Legal Name:	DOB:	Email:
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Relationship to student:	Cell Phone:	Work Phone:
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## NON-HOUSEHOLD EMERGENCY CONTACTS: *List people who can check your child out of school.*

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

Heart Problems

Asthma

Seizures

SEVERE Allergy to: \_\_\_\_\_

Diabetes \_\_\_ Type I \_\_\_ Type II

Epi-Pen

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**