

# STUDENT EMERGENCY CONTACT CARD

## Emergency Contacts/Medical Consent (other side)

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. Please fill in the information on both sides of this card carefully and accurately. Please type or use ink and print clearly and legibly.

### STUDENT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

### Home Address (Primary Residence)

City \_\_\_\_\_ Zip \_\_\_\_\_ Lives with: Both Parents YES NO Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
Address change? If Yes, please contact the school office.

### Mailing Address, if different from above

City \_\_\_\_\_ Zip \_\_\_\_\_

### MOTHER/GUARDIAN

Last Name \_\_\_\_\_ First \_\_\_\_\_ E-mail \_\_\_\_\_ Employer \_\_\_\_\_

### Home Address, if different from above

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

### FATHER/GUARDIAN

Last Name \_\_\_\_\_ First \_\_\_\_\_ E-mail \_\_\_\_\_ Employer \_\_\_\_\_

### Home Address, if different from above

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Are there any COURT-MANDATED custody/visitation orders limiting access to this student? YES NO If Yes, please attach LEGAL ORDER.

### Other children at home:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Languages spoken at home: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**AUTHORIZED CONTACTS** Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.** In selecting someone to whom you authorize the release of your child, consider: (a) Would your child feel safe and comfortable with this person and family? (b) Could this person care for your child for several days? (c) Is this person prepared to handle any special medical needs required by your child?

I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.

Name	Relationship	Home Phone	Work or Cell Phone

### Out-of-state contact

I declare that the information on this form is true and correct. I will notify the school office immediately of any changes to be made in the foregoing information.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

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# STUDENT EMERGENCY CONTACT CARD

## Medical Information and Consent

### STUDENT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

### MEDICAL/HEALTH INFORMATION

Medication: Does your child require medication? Yes No

If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name. An "Authorization for Administration of Medication" form must be on file. For disasters, please provide a separate three-day supply for the school office, in the same format, along with the green "72-Hour Disaster Medication" form. Both forms are available from the school office.

Medication	Dosage	Hour(s) given

Health Insurance Information: Please circle the type of coverage you have.  
Family Health Insurance Healthy Families California Kids  
Medi-Cal # \_\_\_\_\_ No Health Insurance

Health Plan/Group Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician/Health Care Provider \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

### Vision and/or Hearing Problems:

Wears/glasses/contacts: \_\_\_\_\_ for board work \_\_\_\_\_ for reading \_\_\_\_\_ all the time  
Date of last eye exam \_\_\_\_\_ Wears hearing aid(s) \_\_\_\_\_

### Medical Conditions: Please circle if your child has any of the following:

Severe allergies requiring: Epi-pen Benadryl  
 Food/Environmental Stinging Insects/Bees Medicines/Drugs Other  
 Please explain: \_\_\_\_\_  
 Current asthma:  if circled, uses inhaler on daily medication  
 Current seizures:  if circled, on medication? Yes No  
 Diabetes:  if circled, insulin dependent? Yes No  
 Behavior problems: \_\_\_\_\_  
 Movement limitations: \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_

Recent illness, hospitalization or surgery. If circled, please provide date(s) and description(s): \_\_\_\_\_

Medical condition which might require care or accommodation at school (please describe): \_\_\_\_\_

### EMERGENCY TREATMENT AUTHORIZATION

I/we, the undersigned parent(s) or legal guardian of \_\_\_\_\_ a minor, do hereby give authorization and consent to the school to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

\_\_\_\_\_ is the hospital I/we prefer for emergency medical treatment of my/our child.

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### VOLUNTEER ASSISTANCE

If you live close to school and feel that, if called, you can offer volunteer assistance during an emergency, please provide your name, phone number and expertise.

I would like to help in an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Qualifications \_\_\_\_\_