

STUDENT EMERGENCY CARD 2017/2018

Name (Legal) Last	First	MI	Birthdate	Sex
Address		City / Zip	Home Phone	Grade
Mother's Name			Email	
Mother's Address			Phone	
Father's Name			Email	
Father's Address			Phone	
Care Home/Guardian Name			Email	
Care Home/Guardian Address			Phone	
Health Plan/Insurance:	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Blue Cross <input type="checkbox"/> Kaiser <input type="checkbox"/> Other (specify)	Health Plan/Medi-Cal ID #	Physician:	Physician's Phone #:
Initials _____				
List local person(s) who may act for parents when parent or guardian cannot be reached for illness or emergency. This (these) person(s) should be able to provide transportation when needed, or make arrangements:				
<input type="checkbox"/> Relative Name: _____		<input type="checkbox"/> Relative Name: _____		
<input type="checkbox"/> Other Phone: _____		<input type="checkbox"/> Other Phone: _____		
<input type="checkbox"/> Relative Name: _____		<input type="checkbox"/> Relative Name: _____		
<input type="checkbox"/> Other Phone: _____		<input type="checkbox"/> Other Phone: _____		
Medical Health Alert				
Health problems/physical conditions that emergency care contact should know:				
Medications taken at home & Dosage:		I have provided the school with a 72-hour supply of medications for emergency use. _____ Yes _____ No _____ Not Applicable _____ Parent's Initials		
Allergies:				
I have completed the consent form and returned it to the school.				
_____ Yes _____ No _____ Not Applicable _____ Parent's Initials				
History of Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes		Court Order/Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No On file with the school: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, explain: I hereby authorize, pursuant to the provisions of Section 25.8 of the Civil Code of California, to give such attention as may be thought necessary by the physician/medical advisor in charge, in case of any emergency and I cannot be reached. I also authorize the hiring of an ambulance to transport child to a suitable place for medical care. I understand that the local police may be called in certain circumstances, in order to ensure emergency procedures.				
signature (parent/guardian)		Student Transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Car		
signature (parent/guardian)		Medical Exemption Statement:		