Sacramento City Unified School District | **EMERGENCY CARD (revised 7/19/12)** | **Student Information**

Complete All Information on Both Sides | **CONFIDENTIAL** | ***Please Print***

Student's Last Name (Legal) First Name Middle

School Year

School

Office Use Only

Teacher/Cnslr. _____

Grade _____ Room _____ Bus _____

CONCAP [ ] Hm. Sch. _____

Sp. Ed. [ ] RSP [ ] Eth. Cd [ ]

Street Address Apt # Zip Code

Date of Birth

Home Phone (1) _____ Home Phone (2) _____

LANUAGE SPOKEN AT HOME:

Last School of Attendance_____City_____

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):

CONTINUE ON REVERSE SIDE

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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:

☐ ADD/ADHD
☐ Asthma
☐ Diabetes ☐ Type I ☐ Type II
☐ Frequent ear infections
☐ Eczema
☐ Fainting Spells
☐ Frequent Headaches
☐ Heart Problems
☐ Seasonal Allergy
☐ Frequent nosebleeds
☐ Seizures
☐ Severe Allergy
☐ 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**

By typing my full name, I confirm that the above information is true and correct.

Parent/Guardian Signature _____ **Date** _____

CONTINUE ON REVERSE SIDE