

Date \_\_\_\_\_

### STUDENT EMERGENCY / MEDICAL INFORMATION

NAME \_\_\_\_\_ HO# \_\_\_\_\_  
(Last) (First) (Middle Initial)

Summer School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Birthdate 

Month	Day	Year						

 Sex: M  F  Home School \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone P.M. \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_  
(If different from home address above)

Parent / Guardian / Caregiver Name _____	Parent / Guardian / Caregiver Name _____
Employer _____	Employer _____
Home Phone P.M. _____ Work Phone P.M. _____	Home Phone P.M. _____ Work Phone P.M. _____
Cell Phone _____ Pager No. _____	Cell Phone _____ Pager No. _____

CHILD LIVES WITH:  Mother  Father  Caregiver/Guardian  Other (specify) \_\_\_\_\_

**EMERGENCY CONTACTS** In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Home Phone	Cell Phone
1.			P.M.	
2.			P.M.	
3.			P.M.	

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE OF INFORMATION ON THIS CARD.

My child has health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, list: _____	
Member # _____	

**NO MEDICAL CONDITION** OR

► My child receives regular care for the following medical condition(s):

Allergies/Allergic to: \_\_\_\_\_ Date of last reaction: \_\_\_\_\_

Requires Epinephrine (Circle one): YES NO

Asthma  Diabetes ► Is Insulin required? (Circle one): YES NO  Seizures

► Does your child have any other major health issue(s)? Please list: \_\_\_\_\_

► Is your child taking medication(s)? Please list medication(s) and times taken:

Medications / times taken	Medications / times taken	Medications / times taken
► <u>Other children attending SFUSD schools:</u>	School	Grade
Name		

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

\_\_\_\_\_  
Parent's/Guardian's Signature