

Emergency Form

Student's Name: _____ Boy Girl Grade: _____
Last First Middle

Home Phone: (_____) _____ Social Security # _____ Birth date ____/____/____
Month Day Year

Home Address: _____

Mailing Address: _____

Mother or Guardian's Name: _____ Daytime Phone: _____

Father or Guardian's Name: _____ Daytime Phone: _____

List other children at home and their dates of birth:

1. _____ 3. _____
Month Day Year Month Day Year

2. _____ 4. _____
Month Day Year Month Day Year

Check any health problems this student has:

Asthma Diabetes Epilepsy Heart problems Allergies (*specify*): _____

Other (*specify*): _____

List any medication this student takes: _____

In case of emergency, contact:

Name: _____ Phone # _____ Relationship to student: _____

Name: _____ Phone # _____ Relationship to student: _____

Name: _____ Phone # _____ Relationship to student: _____

Parent/Guardian Signature:  _____

Emergency Medical Care Authorization

I am the parent or guardian of the child listed above. In case of an emergency, I give my permission to the school staff to consent to any emergency care for my child that an accredited, practicing doctor believes necessary. I give this authorization in advance so the school staff will be allowed to transport my child to a medical facility and give informed consent to emergency care if I cannot be reached. This authorization is allowed under the law (Calif. Civil Code, § 25.8). It stays in effect for the current school year or until I inform the school that I withdraw this authorization.

Parent/Guardian Signature:  _____ Date: _____

Student's Doctor (*name*): _____ Phone #: _____

Student's Dentist (*name*): _____ Phone #: _____

Health Insurance Plan: _____ Group #: _____

