

WASHINGTON UNIFIED SCHOOL DISTRICT EMERGENCY CARD

Date _____ Grade _____

Home Language _____

Student's Full Legal Name _____ Sex _____ Birthdate _____
(Last) (First) (Middle)

Student Lives With: Mother Father Both Grandparent Foster Parent Guardian

Home Phone _____ Residential Address _____
Number Street Apt# City Zip

Mother/Guardian _____ Cell# _____ Work# _____ Email _____

Father/Guardian _____ Cell# _____ Work# _____ Email _____

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name _____ Cell# _____ Home# _____
(Circle: Relative, Friend, Childcare Provider)

Name _____ Cell# _____ Home# _____
(Circle: Relative, Friend, Childcare Provider)

Please Check One:

- In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to pay all costs incurred as a result of the foregoing.
- I do not choose the above statement and desire the following action in the event of an emergency: _____

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

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TURN CARD OVER AND COMPLETE HEALTH INFORMATION

PLEASE READ: *California Education Code §49408* indicates that for the protection of a pupil's health and welfare, the governing board of a school district may require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance, emergency information including the home address and telephone number, business address and telephone number of the parents or guardian, and the name, address and telephone number of a relative or friend who is authorized to care for the pupil in any emergency situation if the parent or legal guardian cannot be reached.

PERTINENT MEDICAL INFORMATION REGARDING STUDENT

Physician's Name _____ Phone _____ Insurance _____ ID# _____

- Allergies: Yes No If yes, type off allergy(s) _____
- Asthma: Yes No If yes, medications taken, if any _____
- Diabetes: Yes No If yes, and on insulin, type and amount _____
- Seizures: Yes No If yes, type and medication taken, if any _____
- Wears glasses: Yes No
- Contact lenses: Yes No
- Hearing loss: Yes No

Medication(s) taken regularly: _____

Other medical problems and/or restrictions: _____

SUPPLEMENTAL FAMILY INFORMATION

List Brothers and Sisters

Indicate School of Attendance/Grade

