

Custody Alert(court papers on file)
Medical Alert

SID# _____ RM# _____
SSID# _____
Bus Stop _____
FOR OFFICE USE ONLY

STUDENT EMERGENCY CARD

Student Information

Student Name: _____ Sex: _____ Grade: _____ Birthdate: _____
(Last) (First)
Address: _____
(Street) (City) (Zipcode)

Parent/Guardian Information

Parent/Guardian 1

Parent/Guardian 2

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-mail Address: _____

Student lives with: _____

Emergency Contacts

If the child listed above becomes ill, requires medical attention, or must be evacuated due to emergency and I cannot be reached, the school has my permission to contact and release my child to one of the following. **Must show valid photo ID**

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____
4. Name: _____ Relationship: _____ Phone: _____

Sibling Information

Name	School	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Medical Information

Has your child received Special Ed Services ___ Yes ___ No
If yes, what kind of services: _____
Has your child been on a 504 ___ Yes ___ No
Does your child have any physical disabilities ___ Yes ___ No
If yes explain: _____
Any Social or Behavioral problems ___ Yes ___ No
If yes explain: _____

Is your child generally in good health ___ Yes ___ No
If no, explain: _____
Does your child have a severe allergy ___ Yes ___ No
If yes, what is child allergic to: _____
What is the treatment: _____
Any other medical issues: _____
Does your child take medication at school ___ Yes ___ No

Parent/Guardian Signature: _____ Date: _____

CALIFORNIA LAW STATES THAT EACH STUDENT MUST HAVE AN EMERGENCY CARD ON FILE.