

Custody Alert(court papers on file)
Medical Alert

| |
|---------------------------|
| SID#_____RM#_____ |
| SSID#_____ |
| Bus Stop_____ |
| FOR FFICE USE ONLY |

Elk Hills School District
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: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| E-mail Address: _____ | E-mail Address: _____ |

Student lives with: _____ Mom _____ Dad _____ Both _____ Guardian

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 | Is your child generally in good health ___Yes___No |
| If yes, what kind of services: _____ | If no, explain: _____ |
| Has your child been on a 504 ___Yes___No | Does your child have a severe allergy ___Yes___No |
| Does your child have any physical disabilities ___Yes___No | If yes, what is child allergic to: _____ |
| If yes explain: _____ | What is the treatment: _____ |
| Any Social or Behavioral problems ___Yes___No | Any other medical issues: _____ |
| If yes explain: _____ | 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.