

Date: _____

STUDENT EMERGENCY/MEDICAL INFORMATION CARD

(This card needs to be completed every school year)

Name: _____ (Last) _____ (First) _____ (MI) HO# _____

School: _____ Grade: _____ Home Room/Room _____

Sex: M F Birthdate: _____ Month _____ Day _____ Year _____ Language Spoken at Home: _____

Home Address: _____ Apt. No. _____ Zip Code _____

Mailing Address _____ Zip Code _____ Home Phone _____
(If different from home address above)

Parent/Guardian Caregiver Name _____	Parent/Guardian Caregiver Name _____
Employer _____	Employer _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____ Pager N. _____	Cell Phone _____ Pager N. _____

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	Phone
1.			
2.			
3.			

Child's Pediatrician _____ Phone _____

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

My child has health insurance Yes No

If YES, List: _____

Member # _____

Student Address Label

No medical condition

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

Allergies Allergies requiring Epinephrine (Circle one): YES NO

List Allergies: _____ Date of last reaction: _____

Asthma Diabetes »Is insulin required? (Circle one): YES NO Seizures

» Does your child have any other major health issues(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
» Other children attending SFUSD schools:		
Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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