

# WASHINGTON UNIFIED SCHOOL DISTRICT EMERGENCY CARD

Date \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_

NAME STUDENT USES \_\_\_\_\_ (Last) (First) (Middle) SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Birth Place \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If different from above) (Last) (First) (Middle)

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_ Other \_\_\_\_\_ Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

Home Language \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Custody: ☐ Mother ☐ Father ☐ Both ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other (Please Specify) \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(Circle: Relative, Friend, Childcare Provider) Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(Circle: Relative, Friend, Childcare Provider) Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Coverage \_\_\_\_\_ ID# \_\_\_\_\_

## 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

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 lens Yes \_\_\_ No \_\_\_

Has 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_