DATE SUBMITTED: _____ FAMILY LAST NAME: _____

EMERGENCY INFORMATION FORM

PLEASE PRINT LEGIBLY

PLEASE FILL IN ALL INFORMATION

Name: _____ Grade _____ Rm _____ Teacher _____

Last First M

Birthdate _____ U.S. Entry Date _____ Exit Date _____

Home Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Child Lives With _____ Home Phone _____

Name of Parent(s) / Guardian(s) _____ Home Phone _____

Father's Employment _____ Business Phone _____

Name _____ Cell Phone# _____

Father's email address _____ Military? Yes ☐ No ☐

Mother's Employment _____ Business Phone _____

Name _____ Cell Phone# _____

Mother's email address _____ Military? Yes ☐ No ☐

Name of Siblings	**Grade**	**School**

Transportation School to Home/Home to School

Bus ☐ Private Auto ☐ Walk ☐ Transit ☐ Other _____

EMERGENCY MEDICAL RELEASE AUTHORIZATION

In accordance with the new federal guidelines of HIPPA (Health Insurance Portability and Accountability Act), I authorize my child's health information to be shared with school staff.

Name of Family Physician/Clinic _____ Phone# _____

Child's Insurance: MediCal ☐ Healthy Families ☐ Other ☐ None ☐ Insurance ID # _____

Does your child have any of the following:

Allergies ☐Yes ☐No EpiPen ☐Yes ☐No Asthma ☐Yes ☐No Inhaler ☐ Yes ☐ No

Seizures ☐Yes ☐No Diabetes ☐Yes ☐No Hearing Aids ☐Yes ☐No Glasses ☐Yes ☐No

Mild ☐ Moderate ☐ Serious ☐ Life Threatening ☐

Other Health Conditions: _____

A physical condition preventing him/her from taking part in physical activities?
List: _____

Medications he/she takes daily or seasonally: _____

Medications needed at school: _____

IMPORTANT: PLEASE INFORM OFFICE / TEACHER OF ANY CHANGES DURING THE SCHOOL YEAR