



Classroom Emergency Information

PLEASE PRINT CLEARLY

STUDENT'S INFORMATION

Grade _____ Sex _____ Date of Birth _____ Child's Place of Birth _____
Child's Last Name _____ First Name _____ Middle Name _____
Address _____ City _____ Zip Code _____
Home Phone # _____

MEDICAL ALERT-Conditions requiring special emergency care

Asthma/Allergies _____ Health Problems _____
Medication _____ Wears: Glasses _____ Contact lenses _____
History of Seizures Yes No Student HMO enrollment # _____

ALL INFORMATION MUST BE FILLED OUT:

Father's First Name _____ Last Name _____
Occupation _____ Employer _____
Work Address _____ City _____ State _____ Zip Code _____
Hours of Employment _____ a.m. to _____ p.m. Other _____
Work Phone # _____ Father's Cell # _____
Email: _____

Mother's First Name _____ Last Name _____
Occupation _____ Employer _____
Work Address _____ City _____ State _____ Zip Code _____
Hours of Employment _____ a.m. to _____ p.m. Other _____
Work Phone # _____ Mother's Cell # _____
Email: _____

Child lives with: _____ Both natural Parents _____ Mother only _____ Father only _____ Mother/Stepfather
_____ Father/Stepmother _____ Guardian _____ Other: _____

OVER→

EMERGENCY CARE INFORMATION

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

HEALTH INSURANCE

Group Number _____ Subscriber Number _____
Doctor's Name _____ Phone # _____
Address _____ City _____ Zip Code _____
Dentist's Name _____ Phone # _____
Address _____ City _____ Zip Code _____

EARTHQUAKE-DISASTER RELEASE INFORMATION

TO BE COMPLETED FOR EACH STUDENT BY SCHOOL OFFICIAL IN THE EVENT OF AN EARTHQUAKE-DISASTER

Student's Last Name _____ First Name _____
Was released to: Last Name _____ First Name _____
Date _____ Time _____
Location where the child was taken _____
School official releasing the child _____

I understand that the school does not assume responsibility for payment of physician. However, in an emergency the school may choose a physician. In an emergency, I give the School permission to have my child receive medical treatment.

By selecting the "I Accept" button, you are signing the agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form. By selecting "I Accept" using any devise, means or action, you consent to the legally binding terms and conditions of this Official School Form. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

_____ I Accept

Parent/Guardian Signature _____ Date _____