

LA HONDA-PESCADERO UNIFIED SCHOOL DISTRICT
ANNUAL EMERGENCY INFORMATION

NAME: _____, _____, _____ SEX _____ GRADE _____
(LAST) (FIRST) (MIDDLE)

HOME TELEPHONE _____ BIRTHDATE _____ HOME LANGUAGE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parent/Guardian #1 Living with student? Yes No **Parent/Guardian #2** Living with student? Yes No

May child be released to this person? Yes No May child be released to this person? Yes No

Name _____

Name _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

Work/Cell Phone _____

Work/Cell Phone _____

E-Mail Address _____

E-Mail Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Address _____

Address _____

Does your child have permission to go on any field trip or school-sponsored activity under direct supervision of a teacher (via bus or walking) during the school year? .. Yes No

May this student receive routine preliminary screening? (medical, dental, vision, hearing, achievement, speech screening, etc.)..... Yes No

My name, phone number, e-mail and address can be included on a class/school directory for Boosters,, PTA's, Foundations, room parents, class parties, and other activities involving school children. Yes No

The following information is necessary because medical personnel cannot give other than immediate emergency care to minors without the authorization of a parent or properly designated adult. Contact with a Responsible Adult must be made before a student may be sent home from school. In case of an injury of a minor nature, first aid will be administered by a school person.

List below names and addresses on one or more persons other than parents with permission to take your child from school or to be contacted in case of emergency. Include a contact person who lives outside our local area who may be used in the event of a disaster and the name of after-school child care provider if appropriate.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

In case of serious injury or illness should your child be placed in the care of a physician at the nearest medical facility? Yes No

Does your child have a medical condition which the school should be aware?..... Yes No

If yes, what is the medical condition? _____

Does your child take medication regularly?..... Yes No

If yes, what is the medication? _____

Note: Medicine cannot be administered at school except by specific written permission and a Physician's Statement.

Personal Physician _____ Phone _____

Insurance _____

Program participation

Has your child participated in any of the following programs? (Check all that apply)

- Head Start
- Raising a Reader (Red Book Bag)
- Even Start
- Reach Out and Read

Outside child care and type

Which has been the primary type of child care arrangement you've used for your child during the day?

Please check the one that MOST applies:

- At home with a parent
- Relatives or friends cared for my child
- Nanny/babysitter
- Family Child Care Home Name: _____
- Center-Based Child Care Name: _____
- Preschool Name: _____

Signature of Parent/Guardian _____ Relationship if other than parent _____ Date _____