STUDENT EMERGENCY AND INFORMATION FORM

For Office Use Only: Grade/Room: Home School:	Medical Alert: Custody: Info updated in system on:

STUDENT INFORMATION:

Legal Name: _____ **Birthdate:** _____ **Sex:** M/F
Last First Middle

Address: _____
Number, Street Name, City, Zip Code

Residence/Dwelling Type:

☐ Permanent Residence ☐ Sharing housing due to hardship, loss, or other reasons
☐ Permanent ☐ Temporary
☐ Sheltered /transitional/Motel/Hotel/Unsheltered (please fill out Declaration Form) ☐ Other _____

Are there any **LEGAL <u>custodial issues</u>** that need to be noted? ☐ Yes ☐ No
If yes, please provide legal documentation to school principal

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other _____

Is this child a Foster Youth? ☐ Yes ☐ No Foster Youth ID _____

Special Services: ☐ No ☐ Yes If yes, which program? ☐ RSP ☐ Speech ☐ SDC ☐ ELL ☐ Other: _____

Name and address (City and State) of Last School Attended: _____
US Entry date (If applicable) _____ Date first enrolled in US School _____

Parent/Guardian		**Parent/Guardian**	
Name		Name	
Relationship to Student		Relationship to Student	
Home Address		Home Address	
Home Phone		Home Phone	
Cellular Phone		Cellular Phone	
Email Address		Email Address	
Employer Name		Employer Name	
Work Address		Work Address	
Work Phone		Work Phone	
Occupation		Occupation	
Highest Education Level	☐ Not a High School Graduate ☐ High School Graduate ☐ Some College (includes AA degree) ☐ College Graduate ☐ Graduate School/Post Grad Training	Highest Education Level	☐ Not a High School Graduate ☐ High School Graduate ☐ Some College (includes AA degree) ☐ College Graduate ☐ Graduate School/Post Grad Training

EMERGENCY CONTACTS:
If Parents/Guardians CANNOT be reached, emergency contacts are: (different phone numbers from above, and are authorized to pick up student from school)

Name	**Address**	**Phone Number**	**Relationship to Student**

SIBLINGS LIVING IN HOUSEHOLD:			
Name	**Birthdate**	**School Attending**	**Grade**

ETHNICITY:	
Do you consider yourself to be of Hispanic/Latino origin? ***(Choose only one)***	☐ **No, not Hispanic/Latino** ☐ **Yes, Hispanic/Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Which of the following groups describe your race/nationality? ***(Choose one or more)***	
☐ **American Indian or Alaska Native**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. ☐ **Chinese** ☐ **Japanese** ☐ **Korean** ☐ **Vietnamese** ☐ **Eastern Indian** ☐ **Laotian** ☐ **Cambodian** ☐ **Hmong** ☐ **Asian Other**. A person having origins in any of the original peoples of the Far East, and Southeast Asia	☐ **Filipino** ☐ **Hawaiian** ☐ **Guamanian** ☐ **Samoan** ☐ **Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands and not listed above. ☐ **Black or African American**. A person having origins in any of the black racial groups of Africa. ☐ **White**. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, including some people with origins in Latin America.

MEDICAL INFORMATION:		
Insurance: ☐ Medi-Cal ☐ Healthy Families ☐ Other _____ Insurance ID #:		
Hospital Name:	Doctor's Name:	Telephone:
Dentist's Name:	Telephone:	
If it deemed necessary by the school authorities and after all efforts to reach the parent or designated adult have failed, your child will be taken by ambulance to the nearest hospital at the parent's expense.		

MEDICAL CONDITIONS:					
☐ No Medical Conditions					
Is your child on any medication? If so, name of medication:					
☐ Allergies	☐ Food Allergies	If so, allergic to what:		Epi-Pen? ☐ Yes	☐ No
☐ Asthma	☐ Heart Problems	☐ Seizure Disorders	☐ Diabetes	☐ Glasses/Contacts	
☐ Hearing Problems	☐ Frequent Bloody Nose	☐ Limited Physical Education (Doctor's note required)			

*****NOTE*****

If it is necessary for your child to take medication at school, you must provide the school with the physicians' written instructions and your written permission. Medication at school must be kept in the original pharmacy container and must be kept in the school office. No medicine of any kind (prescribed or non-prescription drugs including aspirin or aspirin substitutes) shall be given at school unless these conditions are met. Children may not have medications in their pockets or backpacks.

The Medication Administration Form is available in the school office for you and your physician to sign.

LANGUAGE:			
Does your child speak fluent English?	☐ Yes ☐ No	Language spoken at home:	
Is your child fluent in another language?	☐ Yes ☐ No	If yes, what language:	

_____ _____ _____ _____

Parent/Guardian Signature Date Parent/Guardian Signature Date