STUDENT EMERGENCY FORM

SAM BRANNAN MIDDLE SCHOOL

2019 - 2020

STUDENT LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	GEN	GR	BIRTH DATE
			☐ M ☐ F		

NICKNAME	PREFERRED GENDER PRONOUN

PRIMARY HOME LANGUAGE

Primary Household: ***This is the address where the student primarily lives.***

STREET ADDRESS	ZIP CODE

PARENT/GUARDIAN 1 NAME	BIRTH DATE

PRIMARY PHONE	OTHER PHONE	WORK PHONE

PARENT/GUARDIAN 2 NAME	BIRTH DATE

PRIMARY PHONE	OTHER PHONE	WORK PHONE

Secondary Household: ***Complete only if parents do not live in the same household***

STREET ADDRESS	ZIP CODE

PARENT/GUARDIAN 1 NAME	BIRTH DATE

PRIMARY PHONE	OTHER PHONE	WORK PHONE

PARENT/GUARDIAN 2 NAME	BIRTH DATE

PRIMARY PHONE	OTHER PHONE	WORK PHONE

Non-Household Emergency Contacts: These individuals have permission to check your child out of school

NAME	BIRTH DATE	RELATIONSHIP TO STUDENT	PRIMARY PHONE

Please Read: California Education Code 49408 states that school districts may require that emergency information be kept current. Parent/Guardian is responsible for notifying the school, in writing, of telephone or address changes within three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, ***THE SCHOOL WILL CONTACT LAW ENFORCEMENT OR CHILD PROTECTIVE SERVICES.***

Parent/Guardian Initials:_____

Please note any other emergency information we need to know about your child.

If there is a custody order in effect, please attach for the school to have on file.

HEALTH AND EMERGENCY INFORMATION

CHECK IF STUDENT HAS NO KNOWN HEALTH PROBLEMS	☐

NOTE ANY KNOWN HEALTH PROBLEMS BELOW			
☐ *ADHD/ADD*	☐ *ASTHMA*	☐ *HEART PROBLEMS*	☐ *SEIZURES*
☐ *DIABETES TYPE 1 TYPE 2*	☐ *SEVERE ALLERGY TO*		☐ *EPI-PEN*
☐ *OTHER*			

☐ *GLASSES OR CONTACT LENSES*	☐ *HEARING LOSS – USE OF HEARING AIDES*

STUDENT HAS A CONDITION THAT LIMITS PARTICIPATION IN	☐ *CLASSROOM*	☐ *PHYSICAL EDUCATION*
EXPLAIN		

List all medications (including dosage) that by your child and indicate whether medication is needed at home, school, or both. *NOTE: California Education Code 49423 requires that if medications are to be taken school, there must be a medication form on file at school, signed by both parents and physician. Parent/Guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

☐ *HOME*
☐ *SCHOOL*

SPECIAL SERVICES RECEIVED BY YOUR STUDENT			
☐ IEP	☐ RSP	☐ SDC	☐ SPEECH AND LANGUAGE
☐ 504 PLAN	☐ ENGLISH LEARNER SUPPORT	☐ GATE	

SPECIAL INSTRUCTIONS/COMMENTS (MEDICAL 504 PLAN, SPECIAL HEALTH NEEDS, EMERGENCY CARE PLAN, ETC.)

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize the school personnel to make such arrangements for my child to receive full medical/hospital care, including necessary transportation, in accordance with their best judgement. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent/guardian is responsible for the cost of such emergency care.

PHYSICIAN NAME	PHONE	PAGER
EMERGENCY FACILITY		PHONE

Does Student have Health Insurance: ☐ *Yes* ☐ *No*	*Does Student have Dental Insurance:* ☐ *Yes* ☐ *No*
Health Plan Provider	*Medical Record Number*
If not, I give permission to SCUSD to share this information to help apply for health insurance for my child ☐ *Yes* ☐ *No*	

The information provided is accurate to the best of my knowledge, and I understand my responsibility.

LEGAL NAME/SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT	***RELATIONSHIP TO STUDENT***	***DATE***