



STUDENT EMERGENCY FORM

SAM BRANNAN MIDDLE SCHOOL

2021-2022

STUDENT LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	GEN <input type="checkbox"/> M <input type="checkbox"/> F	GR	BIRTH DATE
NICKNAME		PREFERRED GENDER PRONOUN		PRIMARY HOME LANGUAGE	

Primary Household: This is where the student primarily lives.	STREET ADDRESS			ZIP CODE
	PARENT/GUARDIAN 1 NAME			BIRTH DATE
	PRIMARY PHONE	OTHER PHONE	WORK PHONE	
	EMAIL			
	PARENT/GUARDIAN 2 NAME			BIRTH DATE
	PRIMARY PHONE	OTHER PHONE	WORK PHONE	
	EMAIL			

Alternate Household: Complete if parents do not live in same household.	STREET ADDRESS			ZIP CODE
	PARENT/GUARDIAN 1 NAME			BIRTH DATE
	PRIMARY PHONE	OTHER PHONE	WORK PHONE	
	EMAIL			
	PARENT/GUARDIAN 2 NAME			BIRTH DATE
	PRIMARY PHONE	OTHER PHONE	WORK PHONE	
	EMAIL			

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.

Please complete reverse side of form

HEALTH AND EMERGENCY INFORMATION

Check if no known health problems

NOTE ANY KNOWN HEALTH PROBLEMS BELOW

<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> DIABETES TYPE 1 TYPE 2
<input type="checkbox"/> SEVERE ALLERGY TO				<input type="checkbox"/> EPI-PEN
OTHER				

<input type="checkbox"/> GLASSES OR CONTACT LENSES	<input type="checkbox"/> HEARING LOSS -- USE OF HEARING AIDES
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STUDENT HAS CONDITION THAT LIMITS PARTICIPATION IN	EXPLAIN
<input type="checkbox"/> CLASSROOM <input type="checkbox"/> PHYSICAL EDUCATION	

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.

<input type="checkbox"/> HOME	
<input type="checkbox"/> SCHOOL	

SPECIAL SERVICES RECEIVED BY YOUR STUDENT

<input type="checkbox"/> IEP	<input type="checkbox"/> RSP	<input type="checkbox"/> SDC	<input type="checkbox"/> SPEECH AND LANGUAGE
<input type="checkbox"/> 504 PLAN	<input type="checkbox"/> ENGLISH LEARNER SUPPORT	<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Student have Dental Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
SAM BRANNAN MIDDLE SCHOOL
SCHOOL PLEDGE**

We understand the importance of the school experience to every student, and our role as educators and mentors. We agree to carry out the following responsibilities to the best of our ability.

- Provide a safe and healthy environment for your son/daughter.
- Teach all the necessary standards for academic achievement.
- Strive to be aware if the individual needs of all students.
- Communicate with parents regarding a student's progress.
- Maintain high academic and behavioral standards for all students.

Enrique Flores, Principal

Brandon Yung, AP

STUDENT PLEDGE

I realize that my education is important and that I am the one responsible for my own success. I agree to carry out the following responsibilities to the best of my ability.

- Come to school, prepared to learn, every day.
- Complete all school assignments and homework on time.
- Arrive to school on time and maintain required attendance every day.
- Respect the rights of others and school rules.

Student name (Please print.)

Student signature

PARENT PLEDGE

I understand that my participation in my child's education will help his/her achievement and attitude toward learning. I agree to carry out the following responsibilities to the best of my ability.

- Provide a quiet place to study every night.
- Attend Back to School Night, parent conferences, Open House, and other school events.
- Review my son/daughter's homework or assignments.
- Share reading experiences with my son/daughter.

I will also expect my son/daughter to:

- Complete all homework assignments.
- Return all assigned books (library and textbooks) on time.
- Read at least 15 minutes nightly, for pleasure.
- Attend and be on time to all classes.
- Get proper rest for the best school performance.
- Respect the rights of others and school rules.

Parent/Guardian Name (Please print.)

Parent/Guardian Signature

Date

ORDER BY
SEPTEMBER
7

SAM BRANNAN MIDDLE SCH
SAM BRANNAN PE 2021



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