



Student/Parent Emergency & Disaster Information

In an effort to better serve your child, we would like to receive the most accurate and up to date information. Please complete the form and we will make sure your child's important records are updated in our student database. This information will provide us with the opportunity to improve the services we give to your child (ren) throughout the academic year.

My child has an IEP (Individualized Educational Plan) Yes No *If yes, please provide a copy*

Student Last Name **Student First Name** **Middle Initial**

Sex: Male Female **Date of Birth:** _____

Home Address: _____ City _____ Zip _____

Best Contact Telephone Number (_____) _____ Home or Cell

With whom does the child live with? _____

Does parent/guardian speak English? Yes No **Read English?** Yes No

What is your child's primary language? _____ **What language is spoken at home?** _____

Would you like your information to be released to the school parent group for meetings, events, activities, and/or reminders? Yes No
If yes, please inform us of which contact number to be released: Parent/Guardian: ___#1 ___#2 or ___ both

Parent/Guardian Information

#1

Parent/Guardian Name: _____ *__mother __father __other__*

Home Address: _____ City _____ Zip _____

Best Contact Number with Area Code: _____ (_____) _____ cell or home

E-mail Address: _____

Employer: _____ Work Number with Area Code: _____ (_____) _____

Education Level (circle one)

(Report highest level of parent education attained.)

Not HS Grad HS Grad (GED) Some College College Graduate Grad School/Post Graduate Declined to State

#2

Parent/Guardian Name: _____ *__mother __father __other__*

Home Address: _____ City _____ Zip _____

Best Contact Number with Area Code: _____ (_____) _____ cell or home

E-mail Address: _____

Employer: _____ Work Number with Area Code: _____ (_____) _____

Education Level (circle one)

(Report highest level of parent education attained.)

Not HS Grad HS Grad (GED) Some College College Graduate Grad School/Post Graduate Declined to State

Student Allergens & Medical Information

My child is Gluten Free? Yes No

Types of meats my child cannot eat (circle): Beef, Chicken, Pork, Turkey

My child is allergic to the following (circle): Cheese, Eggs, Milk, Peanuts, Tree Nuts, Wheat, Fruit (Name) _____

Additional allergens (yes, please explain)? Yes No _____

Does your child have health insurance? Yes No

If yes, Name: _____

Member #: _____

Your child's doctor's name: _____

Phone Number: () _____

Does your child have any of the following medical conditions? Asthma Diabetes Seizures Severe Allergies

Has your child experienced any seizures? Yes No

If yes, please provide the date of last seizure _____

Other serious health concerns: _____

Does your child take medication prescribed by a doctor? Yes ** No

Please list medication(s) to be taken at school: _____

My child takes daily medication at home. Name and dosage of medication(s): _____

**** An Authorization for Prescribed Medication form MUST be completed by a doctor and placed on file at your child's school. It is against the law for staff to administer medication without this form. Forms are available in the school main office.**

If my child needs to be taken to an emergency facility, he/she may be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I understand I will be financially responsible.

ADDITIONAL EMERGENCY CONTACTS:

If we are unable to reach you, please provide at least 3 LOCAL contact persons who are authorized to pick up your child from school if your child is ill, needs medical attention, or must be evacuated due to natural disaster or other catastrophe. Your child will NOT be released to anyone whose name is not on this form. *All persons picking up children MUST provide a valid photo identification or your child will not be released.*

Name: _____ Relationship: _____ Best Number () _____ cell/home

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Name: _____ Relationship: _____ Best Number () _____ cell/home

Please provide a name and telephone number of a contact person to notify who lives outside of the Bay Area or California:

Name: _____ Relationship: _____ Best Number () _____ cell/home

Parent/Guardian Signature

Parent/Guardian Printed Name

Today's Date