



**SCHOOL OF ENGINEERING  
AND SCIENCES  
EMERGENCY CARD**

For Office Use Only  
Student ID # \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Grade	DOB
			Male Female		
<b>Nickname:</b>	<b>Preferred Gender Pronoun:</b>	<b>Previous School Attended:</b>			

**PARENT EDUCATION:** Check the box that best describes the highest education level of either parent/guardian.

Not a High School Graduate  
  High School Graduate  
  Some College (includes AA degrees)  
 College Graduate  
  Graduate Degree or Higher

**PRIMARY HOUSEHOLD:** *This is the address where the student primarily lives.*

Primary Household Address: \_\_\_\_\_

Parent/Guardian 1	Full Legal Name:	DOB:	Email:
Home Phone:	Cell Phone:	Work Phone:	
Other adult in household	Legal Name:	DOB:	Email:
	Cell Phone:	Work Phone:	

**SECONDARY HOUSEHOLD:** *\*Complete the address section ONLY if the parents do not live in the same household.*

Secondary Household Address: \_\_\_\_\_

Parent/Guardian 2	Full Legal Name:	DOB:	Email:
Home Phone:	Cell Phone:	Work Phone:	
Other adult in household	Legal Name:	DOB:	Email:
	Cell Phone:	Work Phone:	

**AUTOMATED MESSENGER CONTACT INFORMATION:** Check to receive automated messages.

	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Guardian's Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NON-HOUSEHOLD EMERGENCY CONTACTS:** List people who can check your child out of school.

Name:	DOB:	Relationship to Student	Primary Phone Number:
Name:	DOB:	Relationship to Student	Primary Phone Number:
Name:	DOB:	Relationship to Student	Primary Phone Number:

**PLEASE READ:** California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with 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.

**HEALTH AND EMERGENCY INFORMATION**

- Check here if student has **NO KNOWN HEALTH PROBLEMS**.
- Check here if student has **KNOWN HEALTH PROBLEMS** and check all that apply below.
- ADD/ADHD     Heart Problems     Seizures
- Asthma     Diabetes    Type I \_\_\_\_\_ Type II \_\_\_\_\_
- SEVERE Allergy to: \_\_\_\_\_     Other: \_\_\_\_\_
- Epi-Pen

- Check here if student wears glasses/contact lenses.
- Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in:  Classroom  Physical Education **Explain:**

**List all medications (including dosage) taken 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 at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

AT HOME \_\_\_\_\_

AT SCHOOL \_\_\_\_\_

**WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)**

- Resource (RSP)    504  Speech & Language  Gifted (GATE)  Special Day Class (SDC)
- IEP    English Learner Support    NONE

*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 school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. 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 or guardian is responsible for the cost of such emergency care.*

Physician Name \_\_\_\_\_ Phone Pager \_\_\_\_\_

Emergency Facility and Ph. Number \_\_\_\_\_

**Does this student have health insurance?    Yes    No                      Does this student have dental insurance?    Yes    No**

Name of Insurance or Health Plan Provider: \_\_\_\_\_ Student's 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 Parent/Legal Guardian Signature**

**Date**