

San Dieguito Union High School District EMERGENCY FORM—2009 - 2010

- The following information is necessary for the Student Health Records. Please complete this form, **sign and return** to your school during school business days.
- Note: This is not a "change of residency" form.** If you have changed your residence, please complete and submit a "Verification of Residency Form," available from your school's registrar.

_____ Student's Last Name		_____ Student's First Name		_____ Middle Initial
Address:	Street	Apartment #	City	Zip Code
Mailing Address: (If different from street address)		City	Zip Code	
_____/_____/_____ Date of Birth	_____ Student ID #	_____ School	_____ Grade	() _____ Home Telephone #

_____ Father/Guardian E-mail Address	_____ Mother/Guardian E-Mail Address	_____ Student E-mail Address
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Place a check mark before the parent/guardian below who should be contacted first, and complete information:

_____ Mother/Guardian	() _____ Home Phone #	() _____ Cell Phone #	
_____ Mother/Guardian Address (if different from student)	Apartment #	City	Zip Code
_____ Mother/Guardian Employer	_____ Work Phone #		
_____ Father/Guardian	() _____ Home Phone #	() _____ Cell Phone #	
_____ Father/Guardian Address (if different from student)	Apartment #	City	Zip Code
_____ Father/Guardian Employer	_____ Work Phone #		

In an emergency, if parent/guardian cannot be reached, we authorize the school to release the student to the following **[adults other than parent/guardian—this must be a local contact]**:

1 st Contact: _____	_____	_____
Full Name	Relationship to Student	Home/Work/Cell Number
2 nd Contact: _____	_____	_____
Full Name	Relationship to Student	Home/Work/Cell Number
Name of Student's Physician/Clinic: _____	() _____	_____
	Phone #	Physician/Clinic

Student is on a continuing medication program: YES ___ NO ___ If yes, you have permission to contact physician.
 Medication: _____ Dosage: _____
 Medical Insurance Carrier: _____ () _____
 Phone #

Consent for family physician, EMT and/or hospital to give emergency treatment: YES ___ NO ___

X _____	X _____
Signature of Mother/Guardian	Signature of Father/Guardian
_____	_____
Date	Date

If parent/guardian needs an interpreter, indicate the language here: _____