

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT EMERGENCY FORM 2009-2010

The following information is necessary for the Student Health Record.
Please complete this form, **sign** and **return** to your school annually. This is not a "change of residency" form.

*** If you have changed your residence, please complete and submit a "Verification of Residency Form" available at your student's school registrar's office.**

Male Female _____ ID# _____
STUDENT: Last Name First Name Initial Date of Birth Month/Day/ Year Student Identification

Address Where the Student Resides Currently Apartment # City Zip Code School Grade

Please check which Parent/Guardian should be contacted first:

FATHER _____

MOTHER _____

Father's Name (Please indicate: Father/Guardian/Tutor)

Mother's Name (Please indicate: Mother/Guardian/Tutor)

Home Phone # Cell #

Home Phone # Cell #

Place of Employment /Department Work Phone #

Place of Employment /Department Work Phone #

Father's E-mail Address

Mother's E-mail Address

Father's Address Is This a New Address? No * Yes

Mother's Address Is This a New Address? No * Yes

Mailing Address (If different than above)

Mailing Address (If different than above)

Father's Level of Education: _____ Language _____

Mother's Level of Education: _____ Language _____

Father needs interpreter for phone calls and meetings: NO YES

Mother needs interpreter for phone calls and meetings: NO YES

ADDITIONAL CONTACTS: If parent/guardian cannot be reached, we authorize the school staff to release the student to:
CONTACTS MUST BE LOCAL: List contacts for **two adults** other than parent/guardian

1st Contact: _____
 Adult's Full Name Relationship to Student Home / Work Number Cell Number

2nd Contact: _____
 Adult's Full Name Relationship to Student Home / Work Number Cell Number

MEDICAL INFORMATION:

Name of Student's Physician/Clinic: _____
 Name Address Phone # Physician/Clinic

I give my consent for school personnel to communicate with my son/daughter's physician NO YES

Does the student take continuing medication: NO YES

Will it be necessary to take medication at school? NO YES

If student requires administration of medication during school hours: Parent must **complete** and deliver to the school's Health Office the "**Authorization for Administration of Medication**" form signed by parent and physician. The form is available at: <http://www.sduhsd.net/downloads/>

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: NO YES

Student has medical insurance? NO YES Medical insurance in: Father's name Mother's name

Medical Insurance Carrier Policy Number / Group Insurance Contact Number/s

Signature of Father/Guardian Date

Signature of Mother/Guardian Date