EMERGENCY INFORMATION CARD

GRADE	H.R. No.

STUDENT'S LAST NAME	FIRST	INITIAL	HOME PHONE

BIRTHDATE	YEAR-ROUND TRACK	TEACHER'S NAME	HOME LANGUAGE

STUDENT'S HOME ADDRESS	NUMBER	STREET	APT #	CITY	ZIP

FATHER'S/GUARDIAN'S	LAST NAME	FIRST	MOTHER'S	LAST NAME	FIRST

FATHER'S/GUARDIAN'S BUSINESS ADDRESS	OCCUPATION	DAYTIME PHONE

MOTHER'S BUSINESS ADDRESS	OCCUPATION	DAYTIME PHONE

DAY CARE/BABYSITTER'S	LAST NAME	FIRST	PHONE NO.

SIGNATURE OF FATHER/GUARDIAN	SIGNATURE OF MOTHER	TODAY'S DATE

TO THE PRINCIPAL: IN CASE YOU ARE UNABLE TO REACH ME DURING ANY EMERGENCY, YOU ARE AUTHORIZED TO CONTACT AND, IF NECESSARY, RELEASE MY CHILD TO ANY OF THE FOLLOWING:

NAME	ADDRESS	RELATIONSHIP	PHONE NO.

PARENT INFORMATION: PLEASE COMPLETE THIS CARD. IN A MAJOR EMERGENCY, IT IS SCHOOL DISTRICT POLICY TO RETAIN STUDENTS AT SCHOOL FOR THEIR SAFETY. THIS CARD WILL BE USED BY THE SCHOOL STAFF, WHEN STUDENTS ARE RELEASED TO GO HOME.

STUDENT'S LAST NAME	FIRST	INITIAL	GRADE	H.R. No.	TEACHER'S NAME

PARENT'S/GUARDIAN'S	LAST NAME	FIRST	DAYTIME PHONE

TO THE PRINCIPAL: YOU ARE AUTHORIZED TO RELEASE MY CHILD TO THE FOLLOWING:

NAME	ADDRESS	DAYTIME PHONE

DOES YOUR CHILD HAVE ANY BROTHERS OR SISTERS ATTENDING THIS SCHOOL:

LAST NAME	FIRST NAME	HOMEROOM	GRADE

FOR SCHOOL USE ONLY

STUDENT RELEASED TO:	
ADDRESS:	
DATE:	TIME:

PLEASE PRINT – RETURN COMPLETED CARDS TO SCHOOL

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of, _____, a minor, hereby authorizes the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Los Angeles Unified School District, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

DOCTOR	DAYTIME PHONE
HOSPITAL PLAN	GROUP NO.

MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____

OTHER MEDICATIONS USED: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

I HAVE RECEIVED AND READ THE CALIFORNIA EDUCATION CODE SECTIONS RELATING TO PARENTS RIGHTS AND CERTAIN SCHOOL ACTIVITIES

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PLEASE COMPLETE THIS CARD

OPTIONAL

STUDENT ETHNICITY (CIRCLE ONE)

1 HISPANIC

2 BLACK (NOT OF HISPANIC ORIGIN)

3 FILIPINO

4 ASIAN

5 PACIFIC ISLANDER

6 WHITE (NOT OF HISPANIC ORIGIN

PLEASE SPECIFY
4A KOREAN
4B CHINESE
4C VIETNAMESE
4D CAMBODIAN
4E JAPANESE
4F LAOTIAN
4G ASIAN INDIAN
4H OTHER
(SPECIFY) _____

PLEASE SPECIFY
5A SAMOAN
5B HAWAIIAN
5C GUAMIAN
5D OTHER
(SPECIFY) _____

PLEASE SPECIFY
6A ARMENIAN
6B PERSIAN
6C IRANIAN
6D RUSSIAN
6E OTHER
(SPECIFY) _____

7 AMERICAN INDIAN
TRIBE (SPECIFY) _____

8 ALASKAN NATIVE

HOME LANGUAGE (CIRCLE ONE)

1 ENGLISH
2 SPANISH
3 KOREAN
4 CANTONESE
5 ARMENIAN
6 VIETNAMESE
7 PILIPINO (TAGALOG)
8 FARSI
9 CAMBODIAN (KHMER)
10 HEBREW
11 THAI
12 JAPANESE
13 ARABIC
14 MANDARIN
15 RUSSIAN
16 OTHER _____

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