

Vista Unified School District
EMERGENCY INFORMATION CARD

SCHOOL _____

Please Print:

Fill out completely and notify school immediately with any changes:

Female/Male _____
Last Name _____ First _____ Middle _____ Birthdate _____ Grade _____ Teacher _____

Home Address _____ Home Number (____) _____

Student's Cell Phone Number (____) _____

Parent/Guardian E-mail address: _____

IN CASE OF EMERGENCY it is vitally important for the safety and well being of your child that we have the information requested on this card.

Check which parent should be called first. Mother Father Student Lives With: Mother Father Guardian

Father/Step/Guardian Employer (____) Work Phone (____) Ext. (____) Cell Phone/Pager

Mother/Step/Guardian Employer (____) Work Phone (____) Ext. (____) Cell Phone/Pager

Child Care Provider Employer (____) Work Phone (____) Ext. (____) Cell Phone/Pager

IT IS VERY IMPORTANT, IN CASE PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED - PLEASE NOTIFY:

OTHER _____ (____) _____
Name Address Phone

OTHER _____ (____) _____
Name Address Phone

PHYSICIAN – Emergency Call (____) Phone DENTIST – Emergency Call (____) Phone

If none of the above is available, your child will be transported by ambulance to the hospital.

TO PROVIDE FOR YOUR STUDENT'S SAFETY, WE NEED TO BE INFORMED REGARDING THE STUDENT'S CURRENT HEALTH.

GENERAL HEALTH (Please check any that exist)

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Seizure(s) | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Surgeries/Accidents |
| <input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Other | | |

Please explain _____

Does student take regular medications at home? Yes No Required to take medication at school? Yes No
Medications at school **require** written authorization of the health care provider and the parent.

Name of medication(s) _____

Physician's Name _____ Telephone (____) _____ Fax (____) _____

Does student have health insurance? Yes No Name of Insurance _____

In case of emergency, your child will be held in the safety of the school, unless emergency evacuation is deemed feasible. In that case your child will be sent home by normal means unless otherwise specified below.

Instead of normal means of transportation, in case of emergency evacuation, I would like my child to be sent home by

Bus Walk Retained at school until picked up by parent or the following person(s) _____

Signature of person picking up child at time of evacuation _____

Out of area contact **if necessary:** Name/Relation _____ Telephone (____) _____

I HEREBY ACKNOWLEDGE RECEIPT OF THE ATTACHED INFORMATION REGARDING MY RIGHTS, RESPONSIBILITIES, AND PROTECTIONS.

Signature of Parent or Guardian _____ Date _____