

Vista Unified School District
EMERGENCY INFORMATION CARD

SCHOOL _____

Please Print:

Fill out completely and notify school immediately with any changes:

Last Name _____ First _____ Middle _____ Birthdate _____ Female/Male _____ 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)

- Diabetes Food Allergies Bee Sting Allergy Other Allergies Heart Disease
 Head Injury Seizure(s) ADHD/ADD Asthma Surgeries/Accidents
 Glasses/Contacts Hearing Difficulty 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 _____

Adult Student

BOARD POLICY/5012/PUPIL EMERGENCY INFORMATION

5012.1 6/2007 Vista Unified School District EMERGENCY INFORMATION CARD (STUDENT SERVICES)