

**San Francisco Unified School District**      Date \_\_\_\_\_  
**STUDENT EMERGENCY / MEDICAL INFORMATION CARD**  
*(This card needs to be completed every school year)*

NAME \_\_\_\_\_ HO# \_\_\_\_\_  
(Last) (First) (Middle Initial)

School Lafayette Elementary Grade \_\_\_\_\_ Age \_\_\_\_\_ Home Room/Room \_\_\_\_\_

Birthdate 

<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>Year</small>	<small>Year</small>	<small>Year</small>	<small>Year</small>	<small>Year</small>

 Sex: M  F

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Parent / Guardian / Caregiver Name _____	Parent / Guardian / Caregiver Name _____
Employer _____	Employer _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____ Pager No. _____	Cell Phone _____ Pager No. _____

CHILD LIVES WITH:  Mother  Father  Caregiver/Guardian  Other (specify) \_\_\_\_\_

**EMERGENCY CONTACTS** In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

#	Name	Relationship	Home Phone	Cell Phone
1.				
2.				
3.				

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

To assure prompt attention to your child, **PLEASE NOTIFY SCHOOL OF ANY CHANGE OF INFORMATION ON THIS CARD.**

My child has health insurance:  Yes  No

If YES, list: \_\_\_\_\_

Member # \_\_\_\_\_

Student Address Label

**NO MEDICAL CONDITION** OR

▶ **My child receives regular care for the following medical condition(s):**

Allergies/Allergic to: \_\_\_\_\_ Date of last reaction: \_\_\_\_\_

Requires Epinephrine (Circle one):    YES            NO

Asthma                       Diabetes    ▶ Is Insulin required? (Circle one): YES    NO                       Seizures

▶ Does your child have any other major health issue(s)? Please list: \_\_\_\_\_

▶ Is your child taking medication(s)? Please list medication(s) and times taken:

\_\_\_\_\_ Medications / times taken                      \_\_\_\_\_ Medications / times taken                      \_\_\_\_\_ Medications / times taken

▶ **Other children attending SFUSD schools:**

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.