

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.