

STUDENT EMERGENCY FORM

Student's Name: _____
Home Address: _____
Mailing Address: _____
Home Phone: _____ M [] F [] Birth Date _____ Grade _____

EMERGENCY CONTACTS: In case of emergency, illness, or accident to the child named above, the school is authorized to call these contacts in the order. In the event that an all-call is necessary all numbers listed here will be auto-dialed simultaneously.

Primary Contact/Guardian:

Name: _____ Home/Phone #: _____ Other #: _____
Address: _____ Email: _____

Secondary Contract/Guardian:

Name: _____ Home/Phone #: _____ Other #: _____
Address: _____ Email: _____

EMERGENCY AUTHORIZATION: IN THE EVENT OF AN EMERGENCY OR DISASTER I AUTHORIZE SCHOOL PERSONNEL TO RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS:

Name	Address	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Doctor: _____ Location: _____ Phone: _____
Medical Insurance Carrier: _____ Medical Insurance ID #: _____
Allergies (drugs, food, other): _____

Other Medical conditions (asthma, diabetes, etc.): _____
Does your child take any medication on a regular basis? If yes, list medication/reason: _____

Medication may only be administered at school with a Physician's Authorization form signed by your health care provider.

IN CASE OF AN EMERGENCY, I AUTHORIZE THAT MY SON/DAUGHTER BE TAKEN TO THE NEAREST MEDICAL CENTER FOR TREATMENT, IF I AM UNAVAILABLE. Yes No

IN THE EVENT OF A LIFE THREATENING ALLERGIC REACTION, I AUTHORIZE TRAINED SCHOOL PERSONNEL TO GIVE EMERGENCY TREATMENT (ADRENALIN VIA EPI-PEN) TO MY CHILD. Yes No

Signature of Parent/Guardian _____ Date _____

MILITARY CONNECTED FAMILY

My child has a parent or Guardian on Active Duty with the Armed Forces or Full – Time National Guard: Yes No

PERMISSION TO TRANSPORT STUDENT

WE, THE UNDERSIGNED, PARENTS/GUARDIANS OF _____ do hereby grant permission for the Dunham School District, Sonoma County, California, to transport the above named student to and from school and to and from school-sponsored activities including, but not limited to, study trips, and athletic and social events.

Signature of Parent/Guardian _____ Date _____