

LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY CARD

(If both parents are in the home, BOTH must sign below)

Date _____
Student ID # _____
Grade _____
New Address YES NO
Unlisted phone # YES NO
Medical Alert Worn YES NO

Student's Name _____
Last Name First Name Middle Initial

Home Address _____
Street City Zip

Home Phone _____ Date of Birth _____

Mother's Work _____ Phone () x
Employer City

Email address _____ Cell Number ()

Father's Work _____ Phone () x
Employer City

Email address _____ Cell Number ()

If no answer, call (1) _____ Phone () x

If no answer, call (2) _____ Phone () x

In case of an emergency affecting your child, an effort will be made to notify you immediately. In the event that we cannot contact you or the individuals listed above:

Which doctor shall we call? _____ Phone () x

Which dentist shall we call? _____ Phone () x

In an emergency, is the school given permission to take your child to any available doctor, dentist, or hospital and/or authorized to call an ambulance for you child? YES NO

In an emergency, is consent given to ValleyCare Medical Center or ValleyCare Urgent Care Center to provide medical-surgical care to your child? YES NO If no, please state the procedure you wish the school to follow: _____

MEDICAL ALERT

Does your child have any special health problem the school needs to know about? For example, heart condition, epilepsy, asthma, diabetes, severe allergies, bee sting reaction, serious injury, etc. YES NO

If yes, please explain: _____

Education Code #48980 requires parents to report to schools any continuing program of medication for a nonepisodic condition. Is your child regularly receiving medication? YES NO

Name of Medication _____ Current Dosage _____

Supervising Physician _____

Student resides with _____
Please specify – father, mother, step-father, step-mother, legal guardian, relative, etc.

Parent/Legal Guardian (Mother's Signature) _____

Parent/Legal Guardian (Mother – Please print name) _____

Parent/Legal Guardian (Father's Signature) _____

Parent/Legal Guardian (Father – Please print name) _____

Other person authorized to sign absence excuse _____
Signature Relationship