

Junipero Serra School Student Emergency Card

2018-2019

Family/Household Name _____

Name of Student: _____ Date of Birth: _____

Conditions: _____

Medications: _____

Allergies: _____

Name of Student: _____ Date of Birth: _____

Conditions: _____

Medications: _____

Allergies: _____

Name of Student: _____ Date of Birth: _____

Conditions: _____

Medications: _____

Allergies: _____

Parent 1: _____

Phone Numbers: (circle primary number during school hours)

Cell: _____ Work: _____

Employer: _____ Email: _____

Parent 2: _____

Phone Numbers: (circle primary number during school hours)

Cell: _____ Work: _____

Employer: _____ Email: _____

If I/we, the parents, cannot be reached in an emergency, I/we authorize the person below to be contacted.
(circle relative or friend)

Relative/Friend: _____ Phone: _____

Relative/Friend: _____ Phone: _____

Relative/Friend: _____ Phone: _____

The following people are authorized to pick my child(ren) to from school/extended care.

Relative/Friend: _____ Phone: _____

Relative/Friend: _____ Phone: _____

Relative/Friend: _____ Phone: _____

Family Physician/Dentist Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

If the school is unable to reach me/us or our family physician/dentist in the event of an emergency requiring medical/dental treatment (check one):

_____ I/we authorized the school to call another physician/dentist or emergency service of the school's choice.

_____ I/we **do not** authorize the school to call another physician/dentist or emergency service of the school's choice.

I/we provide the following alternatives to be contacted:

Alternate Physician: _____ Phone: _____

Alternate Dentist: _____ Phone: _____

Signatures:

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____