

Student #: _____ Grade: _____ Teacher/Room: _____

Best phone # to call in the case of **Emergencies** & for attendance purposes:

Primary Contact: _____ Phone: _____

Please print: _____ Birthdate: _____ M F

Student's Last Name _____ First _____

Address: _____ Is the information a change from last year: Yes No

Street _____ City _____ Zip _____

Transportation: Walks Bus Private Car Daycare: _____ AM _____ PM Daycare Name/Telephone: _____

STUDENT PHOTO
Provided by School

Parent(s) or Guardian(s):

Primary Contact 1: _____ e-mail: _____

Address (if different from above): _____

Business/Occupation: _____

Primary Contact 1: Telephone: _____

Work: _____

Mobile: _____

Primary Contact 1: What phone number is to be used in case of emergency:

Telephone Work Mobile

Primary Contact 2: _____ e-mail: _____

Address (if different from above): _____

Business/Occupation: _____

Primary Contact 2: Telephone: _____

Work: _____

Mobile: _____

Primary Contact 2: What phone number is to be used in case of emergency:

Telephone Work Mobile

Student resides with: Both Parents Parent/Guardian 1 Parent/Guardian 2 Foster Parent

If parents are divorced, may other parent pick up child? Yes No (If no, legal custody agreement needed)

LEGAL CUSTODY AGREEMENT on file in school office (if applicable): Yes No

Residence – where is your child/family currently living? (federally mandated by No Child Left Behind)

Please check appropriate box:

In a permanent residence (house, apartment, condo, mobile home)

Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)

In a shelter or transitional housing program In a motel/hotel

Temporarily unsheltered (car/campsite) Other (please specify) _____

Sibling names/ages/schools:

In case of an emergency, illness, or any other circumstance, the parent or guardian will always be called first. Please list the names of three local people (**NOT INCLUDING PARENTS/GUARDIANS**) who would be available to pick up your child during the school day.

Name _____ Relationship to Student _____ Address _____ Daytime Phone _____ Mobile Phone _____

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NOVATO UNIFIED SCHOOL DISTRICT EMERGENCY CARD

To help us comply with new federal requirements, please answer both questions below regarding ethnicity and race.

WHAT IS YOUR CHILD’S ETHNICITY? **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
 (Please check one): **Not Hispanic or Latino**

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories) – *The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child’s race to be.*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small> | <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) | |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) | |
| | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) | |
| | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) | |

Languages spoken at home: 1) _____ 2) _____

IMPORTANT MEDICAL INFORMATION

Does your child have a serious or unique health condition that requires special medical intervention / restriction? [explain below] YES / NO
 Please check below if your child currently has, or previously had, any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Allergy to food (type): _____
Does the allergy necessitate emergency medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allergy to insect bite (type): _____
Does the allergy necessitate emergency medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allergy to medication (type): _____
<input type="checkbox"/> Other allergies (type): _____
<input type="checkbox"/> Asthma (indicate severity) <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
Asthma triggered by: <input type="checkbox"/> exercise <input type="checkbox"/> allergens <input type="checkbox"/> cold virus
Rescue asthma inhaler: _____ | <input type="checkbox"/> Seizures <input type="checkbox"/> Seizure medication _____
Date of last seizure: _____ [Month/Year]
<input type="checkbox"/> Heart disease
<input type="checkbox"/> Prosthesis <input type="checkbox"/> Movement Limitation <input type="checkbox"/> wheelchair
<input type="checkbox"/> Serious illnesses, operations (please describe below): _____
<hr/> <input type="checkbox"/> Diabetes: Insulin Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid(s) / Hearing devices(s)?
<input type="checkbox"/> Other: _____ |
|---|--|

Medication: If your child requires medication at school, **all medication** sent to school must be in the original, labeled container with a current date and an **“Authorization for Administration of Medication”** form must be on file (obtain from the school office). Please indicate:

Medication: _____ Dosage: _____ Hour(s) given: _____
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Health Insurance: Company and Policy #: _____ Medi-Cal #: _____ No Health Insurance
 Name of local physician: _____ Phone #: _____ In case of an emergency, preferred hospital: _____
 Name of Dentist: _____ Phone #: _____

Information obtained from this health history will be included on a confidential health conditions list, if appropriate. For more information/concerns, please contact the school nurse.

- CONSENT**
- The undersigned declares under penalty of perjury that the address of the student on this Emergency Information form is true and correct and that the undersigned will immediately inform the district of any change in the information on this Emergency Card including the address.
 - The undersigned has received notification that the District does not provide medical insurance for student injuries.
 - Emergency Procedure approval: When I cannot be contacted, I authorize the principal or designee to act on my behalf in the event of illness or accident, and to arrange for examination, diagnosis or emergency treatment. I understand that I am responsible for expenses and that accident insurance is not provided by the district.

SIGNATURE OF PARENT/GUARDIAN

DATE