

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 _____ Grade _____ Age _____ Home Room/Room _____

Birthdate

Month		Day		Year			

 Sex: M F

Home Address _____ Apt. No. _____ City _____

Zip Code _____ Home Phone _____ **Language Spoken at Home** _____
(If different from home address above)

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.

*****IMPORTANT: Please Complete Other Side of 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

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.

Parent's/Guardian's Signature

*****IMPORTANT: Please Complete Other Side of Card*****