

PLEASANTON UNIFIED SCHOOL DISTRICT EMERGENCY CARD

STUDENT INFORMATION

STUDENT ID _____ NAME _____ TEACHER _____

BIRTHDATE _____ STREET _____ GRADE _____

HOME PHONE _____ CITY ST ZIP _____ SEX _____

CONTACTS

CONTACT NAME _____

RELATIONSHIP _____

Father, Mother, Joint Custody Father, Joint Custody Mother, Stepfather, Stepmother, Foster Father, Foster Mother, Other Relative, Non Relative Care Giver, Legal Guardian, Non Custodial Parent, Adult 18 yrs old living on own, Under 18 living on own

ADDRESS _____

EMPLOYER _____

WORK ADDR _____

E-MAIL ADDR _____

RESIDENT PHONE _____

CELL PHONE _____

WORK PHONE _____

REPORT CARD ? YES NO YES NO YES NO

WEB ACCESS ? YES NO YES NO YES NO

SIBLING INFORMATION
Student Name/School Site _____

AUTHORIZED ADULTS TO PICK-UP, CARE FOR AND/OR AUTHORIZE MEDICAL SERVICES:

Write additional names with contact information on the back of this form

| NAME | RELATIONSHIP | LOCAL PHONE NUMBER | NAME | RELATIONSHIP | LOCAL PHONE NUMBER |
|-------|--------------|--------------------|-------|--------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

I AUTHORIZE PLEASANTON UNIFIED SCHOOL DISTRICT PERSONNEL TO ARRANGE EMERGENCY TRANSPORTATION TO THE NEAREST HOSPITAL FACILITY IN THE CASE OF AN EMERGENCY, ACCIDENT OR ILLNESS IN THE EVENT THAT I CANNOT BE REACHED. I HEREBY GIVE MY CONSENT FOR ALL MEDICAL CARE PRESCRIBED BY A LICENSED DOCTOR OR DENTIST.

HEALTH PLAN/INSURANCE MEDICAL PLAN # _____ PLAN NAME _____

MEDICAL CONDITIONS _____ MEDICATION(S) _____

PARENT/GUARDIAN SIGNATURES 1) _____ 2) _____ DATE _____

