



MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT EMERGENCY CARD

PRINT: STUDENT LAST NAME FIRST NAME MIDDLE INITIAL BIRTH DATE M/F GRADE TEACHER ROOM #

Student Address _____

Street Apt. City CA ZIP

Primary Phone _____ Is your home on U.S. Govt. Property? P.O.M. Annex (Ft. Ord) La Mesa Presidio No

Cell Home

Parent/Legal Guardian #1 Father Mother Legal Guardian Step Parent Foster Parent

Student Lives With? Yes No

Last Name _____ First Name _____

Employer _____

Address (if different from student) _____

Employer Address _____

Email _____

Military Yes No Branch _____

Cell # _____ Work # _____

DOD Civilian Yes No

Parent/Legal Guardian #2 Father Mother Legal Guardian Step Parent Foster Parent

Student Lives With? Yes No

Last Name _____ First Name _____

Employer _____

Address (if different from student) _____

Employer Address _____

Email _____

Military Yes No Branch _____

Cell # _____ Work # _____

DOD Civilian Yes No

EMERGENCY CONTACTS

The following adult(s) have my permission to pick up my child(ren) from school or to be called in the event of an emergency when the parent/guardian(s) is unavailable.

Last Name First Name Phone # Relationship

Last Name First Name Phone # Relationship

SIBLINGS ATTENDING MPUSD LIVING AT HOME

Last Name First Name Age Grade School

Divorced/Legally Separated? Yes No If yes, joint custody? Yes No If yes, provide custody calendar and court custody documentation.

BY COURT ORDER, THIS CHILD **CANNOT BE CONTACTED BY/RELEASED TO** _____. (Proof of Court Order **MUST** be on file in school office)

PARENT PERMISSION: My signature verifies that school officials have my permission, while my child is enrolled in this school, in the absence of a family member, at my expense, to present my child to the Community Hospital of the Monterey Peninsula, our family doctor, or any licensed doctor of medicine for emergency treatment deemed necessary as a result of injuries or illness sustained in school

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THIS FORM

OFFICE USE ONLY
ID#
Entry Date:
Exit Date:



MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT EMERGENCY CARD

PRINT: STUDENT LAST NAME

FIRST NAME

MIDDLE INITIAL

BIRTH DATE

M/F

GRADE

TEACHER

ROOM #

EMERGENCY MEDICAL RELEASE AUTHORIZATION

Name of primary doctor/clinic _____ Phone # _____ Insurance Medi-Cal Healthy Families Other None

STUDENT HEALTH HISTORY (CHECK ALL THAT APPLY)

Glasses/Contacts Hearing Loss Diabetes Seizures/Epilepsy Asthma Prescribed Inhaler ___ YES ___ NO

Allergies (specify food type, insect, latex, medication, etc.) _____

Describe reaction (rash, hives, breathing difficulty, etc.) _____

Doctor's order for (check all that apply) Antihistamine Epi-Pen Allergy Action Plan _____

Other medical conditions _____

Any physical condition preventing your child from taking part in physical activities Yes No Describe/list _____

Medications needed at school _____

(All medications needed at school REQUIRE a physician release form to be kept on file at school)

Medications taken at home _____

PARENTS'/LEGAL GUARDIANS' RIGHTS AND INFORMATION

My signature indicates that I have received notification of where to access the District's Parent/Guardian and Student Rights and Information hand-book (online at www.mpusd.net or obtain a hard copy in the school office or District Office) that contains information including Uniform Complaint Procedures, non-discrimination, student discipline, and Internet policy. I understand that it is my responsibility to ask questions if I do not understand the information provided to me. I understand my child must follow district regulations regarding the use of all school property that is assigned to them. I also understand it is my responsibility to keep all information on this card current, and I will immediately notify the school of any changes. I have read and agree to abide by the policies specified for the Student Use of Technology. I understand that a violation of the Student Use of Technology will cause disciplinary action or loss of network privileges.

PARENT/LEGAL GUARDIAN SIGNATURE _____

I agree to the following (check all that apply):

I give permission for my child to use the Internet at school INITIALS _____

I understand that the herbicide "Round-Up Pro™" or "Truflon Ester™" may be applied on school grounds INITIALS _____

I give permission for my child's photo/video and/or name to be released for district/promotional use or for media purposes INITIALS _____

I would like to receive relevant information regarding my child or school through text messaging INITIALS _____

High School Only: Please submit IN WRITING, a request to your child's school if you **DO NOT WANT** to release directory information pertaining to your child to military recruiters.

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THIS FORM