

Home Language _____
OFFICE OF THE COUNTY
SUPERINTENDENT OF SCHOOLS
Revised 07-08

METHOD OF TRANSPORTATION TO/FROM SCHOOL
AM _____ PM _____

EMERGENCY CARE PERMIT AND HEALTH CARD

TEACHER/HOMEROOM _____ GRADE _____

NAME _____ BIRTHDATE _____ MALE _____ FEMALE _____
(LAST) (FIRST)

HOME PHONE _____ Mom's Cell _____ Dad's Cell _____

HOME ADDRESS _____

MAILING ADDRESS (if different from above) _____

FATHER OR GUARDIAN _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ PHONE _____

MOTHER OR GUARDIAN _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ PHONE _____

Parent/Guardian E-mail address (if none, plse write 'none') _____

ALTERNATE _____ PHONE _____
(Person to call if parent cannot be reached-Local Resident Only)

When a child suffers a serious injury or illness while in school, first aid will be rendered in accordance with local school policies, and an immediate and continuing effort will be made to contact the parents of that child.

If I cannot be reached by telephone in the event of an emergency involving _____

please call Dr. _____ Phone _____ or take my child to any available medical service.

I am aware, however, that in most situations the physician and/or medical facility will not treat a minor child without parent permission

I am interested in receiving information regarding medi-Cal insurance for my child and/or family yes _____ no _____

BROTHERS	YEAR OF BIRTH	SISTERS	YEAR OF BIRTH
_____	_____	1	_____
2	_____	2	_____
3	_____	3	_____

Health Problems: Specify anything which would limit activity or may require special care during this school year (e.g., cardiac, diabetes, eilepsy, orthopedic, severe allergy, emotional; also hearing, vision, or speech problems). _____

Medications: Please list any prescription medications which your child takes regularly (e. g., Insulin, Ritalin, Dilantin, Thyroid, ect). _____

In the event of an emergency, please list the names and phone numbers of two people you would authorize to check your student out.

NAME _____ PHONE _____
NAME _____ PHONE _____

TRANSPORTATION PERMISSION FORM REQUIRED BY STATE LAW

The three occasions when we will need to transport your student by bus are as follows:

- 1 The normal transportation to and from school
- 2 Educational field trips
- 3 Athletic, club, and social activities

Your signature on this card grants permission for transporting your students as stated above.

(Signature of Parent/Guardian)

Please complete the following to indicate either that you do or that you do not give permission for yur child to be photographed, and identified by name and grade level. The school or newspaper may identify my child by name and grade level as a student at this school, as part of the publicity information for our school or district events.

(Student's Name) May _____ May Not _____ have his/her picture taken for school awards ceremonies or recognition events

Date

(Signature of Parent/Guardian)