

Health/Emergency Information

2019-2020

The Health/Emergency Card is one of the most important documents we have on file for your student. This information is necessary in case of an emergency. It also provides us with additional contacts in case your student becomes ill at school and needs an early release. Please update the information for your student by completing the following form and return it to the school

Student ID Number: _____ Contract Teacher: _____

Student Name: _____ Grade: _____ Birthdate: _____

Address/City/Zip: _____

Student Cell Phone #: _____ Student Home Phone #: _____

Father's Name: _____ Employer/Ph#: _____

Cell #: _____ Home #: _____ Email: _____

Mother's Name: _____ Employer/Ph#: _____

Cell #: _____ Home #: _____ Email: _____

Emergency Contacts

NAME: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

NAME: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

NAME: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

NAME: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

THE ABOVE LISTED PERSONS HAVE MY PERMISSION TO AUTHORIZE MY STUDENT A LEAVE OF GROUNDS PASS.

Signature of Parent/Guardian

Date

Significant Health History: _____

Doctor: _____ Hospital: _____ Phone #: _____

IN THE EVENT OF AN ACCIDENT OR OTHER EMERGENCY, I GIVE MY PERMISSION FOR THE SCHOOL AUTHORITIES TO TAKE MY CHILD TO THE NEAREST AVAILABLE HOSPITAL OR TO REQUEST THE SERVICES OF AN AMBULANCE.

Signature of Parent/Guardian

Date

PLEASE RETURN THIS FORM TO RIO CAZADERO HIGH SCHOOL