

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
2020-21 STUDENT EMERGENCY INFORMATION CARD**

Student's Name _____
Teacher/Counselor _____
School _____ Grade _____

Student's Legal Name: Last First Middle			Student's Preferred Name	
Residence Address: Street / City / Zip <input type="checkbox"/> Check if new address			Home Phone	Birth Date (mo./day/year)
Mailing Address (if different): Street or P.O. Box / City / Zip <input type="checkbox"/> Check if new address			Grade	Gender (F/M/N)
Other Children in the Family:				
Name		Age	School	
1.	_____	_____	_____	
2.	_____	_____	_____	
3.	_____	_____	_____	
4.	_____	_____	_____	

PARENT/GUARDIAN INFORMATION (Enter names of legal parents/stepparents/guardians/caregivers only, starting with parent(s) with whom student resides.):

NOTE: Parent/Guardian contact information may be used for school-related business, such as attendance and informational messages. (Code of Federal Regulations, Title 34, 99.1-99.67 FERPA)
If you agree to allow the district to send text message reminders and announcements directly to your cell phone, please check the "Receive Texts" box below. By checking the box, you agree to pay fees charged by your cellular service provider.

Contact #1	Name (First / Last) _____			Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____			<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Send mailings <input type="checkbox"/>					
Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation
Contact #2	Name (First / Last) _____			Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____			<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Send mailings <input type="checkbox"/>					
Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation
Contact #3	Name (First / Last) _____			Student resides here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address (if different from student) _____			<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver	
Best phone number to call during school hours (please check one): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Send mailings <input type="checkbox"/>					
Home Phone	Work Phone	Cell/ Receive Texts <input type="checkbox"/>	Email	Employer	Occupation

FOR SECONDARY ONLY: If you agree to allow the district to call and/or send text message reminders and announcements directly to your student's cell phone, please enter the student cell phone number here. By entering the phone number, you agree to pay fees charged by your cellular service provider.

Student's Cell Phone: _____

Custody Order: Yes No If Yes, please attach a copy of the order and include a schedule (i.e. Mother M-W, Father Th/F) **Restraining Order:** Yes No If Yes, please attach a copy.

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN): In the absence of a legal parent, stepparent, or guardian, school staff may notify or release my student to the person(s) listed below in case of illness, accident or evacuation. *List only local persons, in the order in which they should be contacted.*

First Contact:	Name	Relationship	Home Phone	Work Phone	Cell
Second Contact:	Name	Relationship	Home Phone	Work Phone	Cell
Third Contact:	Name	Relationship	Home Phone	Work Phone	Cell

HEALTH: Physician's Name: _____ **Phone Number:** _____

The school may give first aid to any student, and the hospital/doctor may render medical treatment even though parent/guardian is not available if there is no prior written objection to medical treatment filed with the school site. (C.E.C. 49407, 25.8)

Please list allergies and/or other health conditions that you want us to share with teachers and other school staff:

Does your child wear glasses? Yes No Does your child use a wheel chair? Yes No

If your child has confidential health conditions that you want to share, please make an appointment with the school nurse.

MEDICATION: My student Takes continuing medication: If so, Before/After school only OR During school hours. (If medication, either prescription or non-prescription, is to be given during school hours, a consent form signed by parent/stepparent/guardian and physician MUST be on file.)

If medication is taken during school hours, name of medication and purpose: _____

SIGNATURES

Parent's / Stepparent's / Guardian's Signature: _____ Date: _____
Parent's / Stepparent's / Guardian's Signature: _____ Date: _____

Administrative Use Only: Enroll Status: New OE AT IDT COR Alerts: Medical Custody

Entry date: _____ Leave date: _____

If student leaves the district, note the following information:

The student's record was sent to (school) _____ located in (city) _____ on (date) _____