

# STUDENT EMERGENCY CARD

## Berkeley Unified School District

**Medical Alert**

STUDENT First Name		Last Name		
Middle Name	Birthdate	Grade	Room Number	Teacher
Home Address (Not updated by school)		City	Zip	Mailing Address
		City	Zip	

### PARENT - GUARDIAN

Parent 1/Guardian 1	Home Phone	Parent 2/Guardian 2	Home Phone
Daytime Phone	Cell Phone	Daytime Phone	Cell Phone
E-mail address		E-mail address	
Employer Name/City		Employer Name/City	

Does someone other than the Parent/Guardian provide afterschool care for your child?  No  Yes  LEARNS  BEARS  Other

Name	Phone	Daily or: Mo Tu We Th Fr (circle days at afterschool)	Student takes the SCHOOL BUS afterschool <input type="checkbox"/>
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### EMERGENCY CONTACTS

List local emergency guardians who have *agreed to take responsibility* for picking up and providing either temporary or extended care of your child in case of illness, minor injury or a natural disaster if a parent or primary guardian cannot be reached:

Name(s)	Phone	Alternate Phone	Relationship

**Emergency third party phone contact outside of the Bay Area** who can be contacted in the event of a local disaster:

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### HEALTH & MEDICAL

**Health concerns:**  Asthma  Allergies  Diabetes  Seizures  Other:

**Medications** to be taken at school require a **physician-signed Medication Authorization Form**. Forms are available from the school office or district website. List all—including emergency—medications:

Physician	Phone	Address
Health Plan Provider	Member Number	Group Number
Dentist	Phone	Address

I, the undersigned legal parent or guardian of the student shown above, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered under the general or special supervision and upon the advise of a physician, surgeon, or dentist under the provisions of the Medical Practice Act, or Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his/her best judgement may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**It is the responsibility of the parent/guardian to immediately notify the school in writing of any changes in the information on this card. A new card must be completed every school year.**

<b>PARENT/GUARDIAN SIGNATURE</b>		<b>DATE</b>
<b>Official Use Only</b> To be completed ONLY when releasing a child to an emergency guardian or medical personnel following a natural disaster.		
Student released to	Date/Time	Student release coordinator's signature

First Name	Last Name	Teacher / Room
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Notes and Additional Space:

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