Santa Clara County Office of Education

STUDENT EMERGENCY INFORMATION

Please print or type and complete entire form

School: _____

STUDENT'S NAME: _____ Date of Birth: _____
Last First

Primary Student Address: _____ Home Phone ( ) _____
Street City Zip

Place of Birth: _____ Primary Language Spoken at Home: _____
Country State City

Does Student Speak/Understand English: ☒ Yes ☐ No

Is there a Restraining Order against the Mother or Father? ☒ Yes ☐ No If yes, attach a copy and indicate against whom? ☒ Mother ☐ Father

Legal Guardian: ☐ Mother & Father ☐ Mother ☐ Father ☐ Foster Parent ☐ Group Home ☐ Other (specify): _____

Legal Guardian: _____ Address: _____
Street/Apt. # City Zip

Mother's Information

Name: _____

Address: _____

Cell Phone: _____ Work Phone _____

E-Mail Address: _____

Father's Information

Name: _____

Address: _____

Cell Phone: _____ Work Phone _____

E-Mail Address: _____

EMERGENCY ALTERNATE/ INFORMATION REQUIRED BY TRANSPORTATION: In the event of an emergency or your .5 (o)15.4 (us4 (us4 1 ( ]TJ 0 0 0.005 Tc 0.009

_____ _____ _____ _____

Describe reaction: _____

Does your child have seizures? ☐ Yes ☐ No If yes, type: _____ Duration: _____

Describe seizure that would require hospitalization: _____

Does your child have special health/medical needs (i.e., tube feeding, catheterization, etc.)? ☒ Yes ☐ No If yes, please explain below.

_____

Medications: List all medications that your doctor has ordered for your child (include dose and time). Please inform the school of any changes in t
medication, the time, or the dosage.

1. _____ 3. _____

2. _____ 4. _____

Insurance Carrier: _____ Name of Insured: _____ Policy #: _____

Physician: _____ Phone #: _____ Address: _____

Dentist: _____ Phone #: _____ Address: _____