

STUDENT EMERGENCY CARD

Lemon Grove School District

NAME:

LAST NAME	FIRST NAME	MIDDLE NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
STREET ADDRESS		CITY
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/> , CA
HOME PHONE	MOTHER'S NAME	FATHER'S NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

EMERGENCY / CHILDCARE CONTACTS

Emergency Contacts (ST015) - Education Code requires that you provide names of at least two people we can release your child to or call, if we are unable to contact a parent in the event of an emergency. The student can only be released to persons listed on this form.

CONTACT NAME 1	RELATIONSHIP TO STUDENT	EMERGENCY PHONE	PHONE TYPE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
CONTACT NAME 2	RELATIONSHIP TO STUDENT	EMERGENCY PHONE	PHONE TYPE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

MEDICAL INFORMATION

If your child becomes seriously ill or injured and, in the opinion of the school officials, requires immediate medical attention (and we are unable to contact you) an ambulance will be called at your expense to transport him/her to the nearest emergency hospital.

DOES STUDENT TAKE MEDICINE ON A CONTINUING PROGRAM? YES NO

IF YES, LIST MEDICATIONS CONDITION TAKEN FOR

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

FAMILY PHYSICIAN	PHYSICIAN'S PHONE	PHYSICIAN'S ADDRESS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
HEALTH INSURANCE PROVIDER (Optional)		INSURANCE ID / MEDI-CAL NUMBER
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>

Notice of Insurance Availability - If you wish to take advantage of student insurance, please fill out enrollment form as instructed and mail directly to insurance company.

LIST ALL OTHER CHILDREN LIVING IN HOME

Child's Name	Birthdate

REQUIRED PARENT NOTIFICATIONS: According to Education Code Sections, 221.5, 231.5, 32255 et seq., 35160(b), 35183, 35256, 35291, 35291.5, 35291.7, 35294.6, 44807, 46010.1, 46014, 46600, 48205-48208, 48980, (a,b,c,e,h,i,j,k,l), 48980.3, 49060, 49073, 49403, 49423, 49451, 49455, 49472, 49480, 49510, 51101, 51201.5(d), 51260, 51938, 58501-58502, 51553-51555, 56300-56301, TITLE 5, CCR Section 300; Family Education Rights and Privacy Act of 1974 (FERPA); 5 CCR, Section 431(e) and EC 49063 et seq.; CCR TITLE 5 (5CCR), Section 3080, 4622, TITLE 40, CFR Section 763.93; TITLE VI, Civil Rights Act of 1964; TITLE IX, Educational Amendment Act of 1972; Rehabilitation Act of 1973, Section 504; Individuals with Special Education Disabilities Act (IDEA) HSC 120325-120380, 124100 and 124105; WIC 18976.5; Penal Code 290.4.

MY SIGNATURE CERTIFIES THAT I HAVE PROVIDED ACCURATE INFORMATION TO THE BEST OF MY ABILITY & THAT I ACKNOWLEDGE RECEIPT OF THE REQUIRED PARENT NOTIFICATIONS AS NOTED ABOVE.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
PARENT/GUARDIAN NAME (PLEASE PRINT)	PARENT/GUARDIAN SIGNATURE	DATE