

New Address or Phone

**Dixon Unified School District
STUDENT EMERGENCY / MEDICAL INFORMATION CARD**

Date _____

| | | | | | | | |
|----------------------|-----------------|--------------|--|--------------------------|------|-----------------|--|
| Name: Last | | First | | Middle | | Perm ID# | |
| Grade: | Home Room/Room: | | | Birthdate: | | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address: Number | | Street | | Apt./Unit | City | | Zip Code |
| Home Phone: | | | | Language Spoken at Home: | | | |

| | | | | | | | |
|--------------------------------|--|---------------------------------|---------------------------------|---|--|------------|-----------|
| Parent/Guardian/Caregiver Name | | | | Parent/Guardian/Caregiver Name | | | |
| Home Address | | | Apt./Unit | Home Address | | | Apt./Unit |
| City | | Zip Code | | City | | Zip Code | |
| Email | | | | Email | | | |
| Home Phone | | Work Phone | | Home Phone | | Work Phone | |
| Cell Phone | | Employer | | Cell Phone | | Employer | |
| CHILD LIVES WITH: | | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Caregiver/Guardian | <input type="checkbox"/> Other (specify) _____ | | |

EMERGENCY CONTACTS (Not a Parent): In case child listed above becomes ill or is injured at school and a parent cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following **(ID must be verified before child is released)** :

| Name | Relationship | Home Phone | Cell Phone |
|------|--------------|------------|------------|
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|-------------------------------|------------------------------|-----------------------------|
| My child has health insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Provider | Medical # | Phone |

My child receives regular care for the following medical condition(s):

| | | | | | | |
|--|-----------------------------------|-----------------------------------|-------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> NO MEDICAL CONDITION | | OR | Medical Condition(s) Is/Are: | | <input type="checkbox"/> Mild | <input type="checkbox"/> Life Threatening |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | Is Insulin Required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Allergies/Allergic to: | | | Date of last reaction: | Requires Epinephrine: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|---|--------------|
| Does your child have any other major health issue(s). Please list: | Is your child taking any medication(s)? Please list medication(s) and times taken: | |
| | Medication: | Times Taken: |
| | Medication: | Times Taken: |
| | Medication: | Times Taken: |

Other children attending DUSD schools:

| Name | School | Grade |
|------|--------|-------|
| | | |
| | | |
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| | | |

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's/Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGES OF INFORMATION ON THIS CARD.