

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

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

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.