

Teacher

Los Alamitos Unified School District
K-5 Emergency and Student Information Card

Please Print Birthdate

Form with fields: LEGAL LAST NAME, LEGAL FIRST NAME, MIDDLE, NICKNAME, SEX, GRADE, Month, Day, Year, ADDRESS NUMBER, STREET, CITY, ZIPCODE, PARENT EMAIL

Form with fields: Primary Phone Number for Automated Dialer Messages From School District, Parent/Guardian's name, Relationship to student, Home Address, Home Phone, Pager/cell, Employer Name & City, Work Phone, ext. Work Hours, Step Parent, Work of cell#

Form with text: Local contact during school hours (for student release or emergency) if parents cannot be reached (must be 18 years or older), 1. Name, City, Relationship, area code, Phone, 2. Name, City, Relationship, area code, Phone, 3. Name, City, Relationship, area code, Phone, 4. There is a court order on file at the school restricting which parent/guardian may pick up my child from school. If "yes" a current copy is attached. Yes No, 5. Where does your child go after school? Home LAUSD Extended Day Youth Center Takes Bus: Yes No, Sitter/day care: Name: Phone: Please complete and sign back of card

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EMERGENCY MEDICAL INFORMATION FOR STUDENT

1. Your choice of Physician _____ Address _____ area code _____ Phone _____

2. Medical: Yes No Company: _____ Dental: Yes No Vision Yes No
 Medical Insurance or Medi-Cal _____

HEALTH INFORMATION

1. Diagnosed medical problem(s): (circle all that apply) **Asthma**(inhaler at school Yes- No) **Diabetes**—Need **Insulin at school?** Yes—No **Insulin Pump?** Yes—No
Epilepsy /seizures **ADD/ADHD** **Headaches** **Autism**
2. **Other Health Problems?:** _____ **Medications** at school require Physician Authorization Form is available on District website- www.losal.org
3. List medications presently taking: _____ Life threatening allergy? Yes—No EpiPen Yes—No
4. Known allergies: _____
5. Physical **limitations/Activity restrictions:** _____
6. **Known hearing loss:** Yes: No: **Wears glasses:** Yes: No: **Wears contacts:** Yes: No:
7. I give my permission for the above medical information to be shared with appropriate school personnel, and I understand that it is my responsibility to communicate the details of medical issues. → _____ Yes _____ No (**Mandatory: Please initial**)
8. I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility to such treatment. → _____ Yes _____ No (**Mandatory: Please initial**)

Additional Information

1. I acknowledge that I have been notified of my rights and responsibilities as a parent and guardian, as specified in the Notification of Parent & Guardian Risghts and Responsibilities; 2) Board Policy & District Regulation on Student Behavior; and 3) School Handbook with includes school rules and discipline procedures. My initials do not consent to participate in any particular program. → _____ Yes _____ No (**Mandatory: Please initial**)
2. I give my permission for photographs of my child to be used in newspaper or other media in connection with school activities. → _____ Yes _____ No (**Mandatory: Please initial**)
3. I give my permission for my child to participate in any walking fieldtrip away from school grounds under the supervision of teachers. → _____ Yes _____ No (**Mandatory: Please initial**)

Other children in the family	Birthdate	Male/Female	Grade	School	Other children in the family	Birthdate	Male/Female	Grade	School

As of _____ I verify that all this information is current and valid.
 (date)

SIGNATURE _____
 PARENT/GUARDIAN

SIGNATURE _____
 PARENT/GUARDIAN

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