

School	<u>John F. Kennedy High School</u>
Grade	_____ Room _____
Teacher/Counselor	_____
Bus#:	Bus Stop: _____

**EMERGENCY INFORMATION (REQUIRED)*
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

PLEASE PRINT CLEARLY

LAST NAME (STUDENT)	FIRST NAME	INITIAL	BIRTHDATE	Male / Female SEX	LEGAL LAST NAME (if different)
Address _____			HOME PHONE NUMBER _____		
Father _____	Employer _____	Phone _____	Ext _____		
Mother _____	Employer _____	Phone _____	Ext _____		
Legal Guardian _____	Employer _____	Phone _____	Ext _____		

In case of illness, emergency or accident and parent/guardian cannot be located, the following adults are authorized to act in behalf of the parent/guardian. (Please enter two names of local neighbors, friends, relatives, or sitter).

1. _____	Phone _____	Relationship _____
2. _____	Phone _____	Relationship _____

In the event of an accident or other emergency, *when a parent is unavailable*, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician _____ (Name) _____ (Address) _____ (Phone)

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____	_____	_____
Father's/Mother's/Guardian's signature	(Date)	Kaiser Medical Record Number (if member)

I do not choose to sign the above statement. In the event of an accident or emergency, please: _____

Father's/Mother's/Guardian's signature

HEALTH INFORMATION

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

- PLEASE CHECK IF THERE ARE NO KNOWN PROBLEMS:
- Date of latest immunizations or booster: Polio _____, DPT and/or DT _____, Measles _____, Rubella _____, Mumps _____
- Known eye condition or defect in vision _____ wears glasses _____ glasses to be worn at all times _____ contact lenses _____
- Known hearing problem _____ Uses hearing aid _____
- Has any condition which may result in classroom emergency. NO YES, If yes, explain _____

- ** 6. Has an illness of long duration or condition, such as: EPILEPSY FAINTING SPELLS DIABETES
 HYPERACTIVE ALLERGIC REACTION TO BE STING HEART CONDITION ASTHMA
 OTHER _____
 Medicine prescribed on a regular basis, specify _____ dosage _____
 Physician _____ Does the drug need to be taken during school hours? NO YES

- Allergic to following drugs (please list) _____
- Has a physical condition which limits participation in: Classroom activities Physical Education
 If checked, please explain _____
 Presently under the care of (physician) _____ Doctor's note required for special consideration.

9. List brothers and sisters as follows (school age children only):

NAME	SCHOOL ATTENDING	GRADE	NAME	SCHOOL ATTENDING	GRADE
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____
5. _____	_____	_____	6. _____	_____	_____

*California Education Code 49408 requires that emergency information be kept current.
 **The parent or legal guardian of any public school pupil on a continuing medication regimen for a nonepisodic condition (pupils taking medication on a long term regular schedule), shall inform the school nurse or other designated certificated school employee of the medication being taken. (California Education Code 49480)