**Barstow Unified School District**

**Student EMERGENCY Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **OFFICE USE ONLY** | STUDENT # |  |  |
| Teacher |  |  |
| **ALERTS** |  |  |
| Medical |  |  |
| Legal |  |  |
| Household Name |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Please fill out completely and sign where indicated. In an emergency it is the school district policy to retain students at school for their safety. This form will be used by the school staff when student(s) are released to go home during a school emergency.** |
|  |
|  |  |  |  |  |
| **STUDENT’S LAST NAME** |  **FIRST NAME** |  | Middle Name |
|  |  |  |  |
| Birthdate  |       | [ ]  Male [ ]  Female | Grade  |       | Home Language |       |
|  |  |  |  |  |  |  |
| Student Address |       | Apt # |       | City  |  | State/Zip |       |
|  |  |  |  |  |  |  |  |
| MAILING ADDRESS -if Different  |       | Apt # |       | City |  | State/Zip |       |
|  |  |  |  |  |  |  |  |
|  |
| **HOUSEHOLD 1-Whom Student Lives With** |
| Parent’s Legal/Guardians Last Name |       | First Name |       |
| Relationship to Student |       | Lives with  | [ ]  Yes [ ]  No | DOB |       |
| Work Address |       |  | City /State/Zip |       |
| Legal Guardian  | [ ]  Yes [ ]  No | Email Address |       |
| HOME |       |  | Cell |       |  | Work |       |
|  |
| Parent’s Legal/Guardians Last Name |       | First Name |       |
| Relationship to Student |       | Lives with  | [ ]  Yes [ ]  No | DOB |       |
| Work Address |       |  | City/State/Zip |       |
| Legal Guardian | [ ]  Yes [ ]  No | Email Address |       |
| Home |       |  | Cell |       |  | Work |       |
|  |
| **HOUSEHOLD 2** |  |
|  | Additional Mailing Request [ ]  |
| Parent ‘s/Legal Guardian’s Last Name |       | First Name |       |
| Relationship to Student |       | Lives with | [ ]  Yes [ ]  No  | DOB |       |
| Home Address |       |  | City/State/Zip |       |
| Work Address |       |  | City/State/Zip |       |
| Legal Guardian | [ ]  Yes [ ]  No | Email Address |       |
| HOME |       |  | Cell |       |  | Work |       |
|  |  |  |  |
| **To the Principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:**  |
|  |
| Name |       |  | Relationship |       |
|  | Phone Numbers:  | Home Phone |       | Cell # |       | Work # |       |
|  |  |  |  |  |  |  |  |
| Name |       |  | Relationship |       |
|  | Phone Numbers:  | Home Phone |       | Cell # |       | Work # |       |
|  |
| **List any other family members attending this school**:  |
| Last Name |       | First Name |       | Home Room |       | Grade |       | Relationship |       |
|  |  |  |  |  |  |  |  |  |  |
| Last Name |       | First Name |       | Home Room |       | Grade |       | Relationship |       |
|  |  |  |  |  |  |  |  |  |  |
| Last Name |       | First Name |       | Home Room |       | Grade |       | Relationship |       |
|  |  |  |  |  |  |  |  |  |  |
|  |

**Please complete both sides of the BUSD Student Emergency Form**

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| **EMERGENCY MEDICAL TREATMENT** |
| (Education Code 49407) In the event your child is ill or injured during regular school hours and such illness or injury required medical treatment such as but not limited to an x-ray, examination, medical or surgical diagnosis/treatment and/or hospital care as advised by any licensed physician, to be rendered the parent or guardian cannot be reached the school district, school principal, physician or hospital treating child shall not be held liable for the reasonable treatment. Unless the parent or guardian has previously filed with the school district a written objection to any medical treatment other than first aid. |
|  |
| **HEALTH ALERTS**—List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings.  |
| If none, please indicate “none”. |       |
|  |  |
|  |
|  |
| Does the STUDENT HAVE HEALTH INSURANCE? (Check one) [ ]  Yes [ ]  No |
| if **YES [ ]** Private Health Insurance **[ ]** Medi-Cal **[ ]** Other |       |
| Medical Health Care ID Number |       |
| Private Health Insurance Name |       | Group # |       |
| Name of Doctor/Medical Office |       |
| Phone # of Doctor Office/Medical Office |       |
| \*If the student does not have health insurance, information on free or low-cost health care programs was provide at enrollment [ ]  Yes [ ]  No |
|  |
|  |  |
| My child is allergic to the following medications |       |
| My child currently takes the following medications:  |       |
|  |  |
| I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct. |
|  |  |      |
| **Signature (Check one) [ ]  Parent [ ] Legal Guardian**  |  | **Date** |

**Please complete both sides of the BUSD Student Emergency Form**