**SAN YSIDRO SCHOOL DISTRICT –** 

**STUDENT EMERGENCY INFORMATION**

**If any changes occur, notify the school office in writing within 48 hours.**

**In addition to Parents/Guardians your child will ONLY be released to the adults listed below (Must be 18 years or older with picture ID)**

Student’s Student’s Student’s Student’s

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt:\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I declare that the above address is the student’s primary place of residence.***

Residing with: ◻ Mother ◻ Father ◻ Guardian/Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name: Tel: Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BROTHERS & SISTERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name – First Name** | **Birthdate** | **School/Grade** | **Last Name – First Name** | **Birthdate** | **School/ Grade** |
| 1.  |  |  | 2. |  |  |

**MUST HAVE AT LEAST THREE (3) EMERGENCY CONTACTS / ADULTS (NOT INCLUDING PARENTS/GUARDIAN LISTED ABOVE) THAT YOU AUTHORIZE TO PICK UP YOUR CHILD - (MUST BE 18 YEARS AND OVER ONLY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name – First Name** | **Relationship** | **Address** | **Home Phone #** | **Cellular Number** |
| 1.  |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

 Doctor Address Phone

 Medical Insurance Name: Policy Number Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you and/or your doctor are not available, do you authorize the school to get your child to the hospital/emergency room at your own expense? Yes ◻ No ◻

Allergies or other medical limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_\_\_ If yes, what kind of medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Special Needs / Necesidades especiales: Problems with hearing (Problemas Auditivos) Yes ◻ No ◻ Speech Problems (Problemas de Lenguaje) Yes ◻ No ◻

|  |
| --- |
| (Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.) |
| In the event of illness or accident to the above named child, I hereby authorize the Preschool & Child Development Center (PS/CDC) to provide him/her emergency medical treatment, including but not limited to first aid performed by PS/CDC staff or other school employees, ambulance service, emergency medical and/or hospital services. I hereby agree to pay all costs, which might be incurred in providing such medical treatment and services. I hereby release the San Ysidro School District & the PS/CDC and all of their officers and employees from any liability, which could arise from providing such emergency medical treatment and services. |
| Parent/Guardian Signature: |  | Date: |  |

**-------------------------------- CONTINUE ON THE BACK OF THIS CARD / CONTINUE AL REVERSO --------------------------------**

**Home Language Survey**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. What language did student first learn to speak?

¿Cual idioma aprendió a hablar primero el estudiante? |  | 1. What language does the student use most frequently at home?

¿Cual idioma habla más el estudiante en casa? |  |
| 1. In what language would you like to receive information?

¿En qué idioma la gustaría recibir información? |  | 1. What language do you use most frequently with student?

¿En qué idioma hablan más frecuentemente ustedes con el estudiante? |  |
|  | 1. What language is most often spoken by the adults at home?

¿Qué idioma es hablado con más frecuencia por los adultos en el hogar? |  |  |

**Parent Education Level Update - F**ather= **F, M**other= **M, G**uardian= **G**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **F** | **M** | **G** | **Education Level** | **F** | **M** | **G** | **Education Level** |
|  |  |  | Not a High School graduate |  |  |  | College Graduate (B.A., B.S., or equivalent degree from a foreign university) |
|  |  |  | High School, Vocational or Technical school graduate |  |  |  | Graduate school/Postgraduate training |
|  |  |  | Some college (includes A.A. degree)  |  |  |  | Declined to state/Unknown |

**Parent/Adult Participation** in the classroom is required at least one day per month.

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proof of TB Test Result provided? Yes ◻ No ◻

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Please indicate the day you are able to participate:  | ❑ Monday | ❑ Tuesday | ❑ Wednesday | ❑ Thursday | ❑Friday |

 **Photo Permission:** Parent authorization is needed for a child to be photographed, videotaped and/or interviewed at school related events for the media, educational or promotional material including San Ysidro School District’s newsletters, brochures and websites. Yes ◻ No ◻ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature

**STOP HERE / PARE AQUI**

 **ADDITIONAL SPACE FOR EMERGENCY CONTACTS / CONTACTOS ADICIONALES:**

|  |
| --- |
| **Names of adults (18 years or older) authorized to bring or take a child from a facility. (If parents cannot be reached, in case of emergency, this facility will notify the following people authorized to pick-up your child.)** |
| **NAME OF AUTHORIZED ADULT**  |  | **TELEPHONE #** |  | **RELATIONSHIP** |  | **ADD (+)** **REMOVE (-)** |  | **PARENT SIGNATURE**  |  | **DATE** |
|  |  | ( ) |  |  |  |  |  |  |  |  |
|  |  | ( ) |  |  |  |  |  |  |  |  |
|  |  | ( ) |  |  |  |  |  |  |  |  |
|  |  | ( ) |  |  |  |  |  |  |  |  |
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