

**SAN YSIDRO SCHOOL DISTRICT – PRESCHOOL PROGRAMS
STUDENT EMERGENCY INFORMATION**

OFFICE USE - SCHOOL YEAR: <u>2023 – 2024</u>		
SCHOOL: _____	TEACHER: _____	ROOM: _____

If any changes occur, notify the school office 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 Last Name: _____ Student's First Name: _____ Student's Middle Name: _____ Student's 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 (DO NOT INCLUDE 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 authorized 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?		2. What language does the student use most frequently at home? ¿Cual idioma habla más el estudiante en casa?	
3. In what language would like to receive information? ¿En qué idioma la gustaría recibir información?		4. What language do you use most frequently with student? ¿En qué idioma hablan más frecuentemente ustedes con el estudiante?	
5. 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 - Father= F, Mother= M, Guardian= 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/Post Graduate 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 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

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ADDITIONAL SPACE FOR EMERGENCY CONTACTS (DO NOT REPEAT NAMES FROM THE FIRST PAGE)

CONTACTOS ADICIONALES (NO REPITA NOMBRES DEL PRIMER PÁGINA):

Names of adults (18 years or older) authorized to bring or pick-up your child from school.

Nombres de adultos (mayores de 18 años autorizado a traer y/o recoger su niño/a de la escuela.

NAME OF AUTHORIZED ADULT	TELEPHONE #	RELATIONSHIP	ADD (+) REMOVE (-)	PARENT'S SIGNATURE	DATE
1.	()				
2.	()				
3.	()				
4.	()				
5.	()				
6.	()				
7.	()				
8.	()				
9.	()				
10.	()				