Loomis Basin Charter School
Student Emergency Card

STUDENT NAME_____ M [ ] PHONE _____
(Last) (First) (Initial) F [ ]

BIRTHDATE _____ HOMEROOM TEACHER _____ GRADE _____

MAILING ADDRESS _____ CITY_____ Zip _____

STREET ADDRESS_____ CITY_____ Zip _____

Father/Step-Father/Guardian_____ Living in home: YES [ ] NO [ ]

Employed by_____ Phone_____ Cell_____

Mother/Step-Mother/Guardian_____ Living in home: YES [ ] NO [ ]

Employed by_____ Phone_____ Cell_____

☐ By providing my e-mail address below, I agree to receive pertinent information generated from the school and district office.

E-MAIL ADDRESS _____

EMERGENCY CONTACT: Other than Student's Parents/Guardians

1. _____ Phone_____ Relationship_____
2. _____ Phone_____ Relationship_____
3. _____ Phone_____ Relationship_____

(OVER)

Family Physician_____ Phone_____

In case of an accident, or other emergency if parent or guardian cannot be reached, I hereby authorize a representative of the school to make arrangements as he considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon. YES [ ] NO [ ]

MEDICAL CONCERNS:
Please check any of the following that might apply to your child:

No known health problems ____
Know allergies (please be specific)_____
Subject to any condition which may result in a classroom emergency, such as:
Epilepsy_____ Diabetes _____ Fainting Spells _____ Heart Condition_____
Severe Bee Sting Allergy _____ (Prescription medication needed immediately)

Please contact the school immediately when there is any change to your child's health status.

I certify that the above information is true and correct.

DATE _____ **SIGNATURE** _____
Parent/Guardian