

# FUSD Student Emergency Information Card

Form #95

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Email:
Home Phone: ( )	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Mother or Guardian Name:</b>	Home Address (#, Street, City):	Home Phone: ( )
Cell Phone: ( )	Work Address (#, Street, City):	Work Phone: ( )
<b>Father or Guardian Name:</b>	Home Address (#, Street, City):	Home Phone: ( )
Cell Phone: ( )	Work Address (#, Street, City):	Work Phone: ( )

***To serve your child in case of accident or sudden illness, it is necessary that you furnish accurate information on individuals to call in an emergency. At least two of these individuals need to be within the FUSD geographic area. It is your responsibility to update this information as needed.***

I authorize the following individuals to collect my child from the school if I cannot be located:

Name:	Address (#, Street, City):	Phone: ( )
Name:	Address (#, Street, City):	Phone: ( )
Name:	Address (#, Street, City):	Phone: ( )

The following individual(s) may NOT remove my child from the school:

Name(s):
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Custody papers have been provided and are on file at the school.  Yes  No

Name(s) of other children in District:

Last Name	First Name	School	Grade	Teacher

## Transportation Information

Will your child ride the district bus TO school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child ride the district bus FROM school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child qualify for specialized transportation? (Must be specified in an IEP.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Last Name

First Name

Grade

School

Teacher

## Medical Information

If Medical care is necessary, CALL:

Primary Health Care Provider:	Address (#, Street, City):	Phone: (    )
Does your child have insurance coverage? If yes, name of insurance company:	Policy #:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any physical, medical or other conditions that we should be aware of? If yes, list precautions that should be taken:		<input type="checkbox"/> Yes <input type="checkbox"/> No
List child's allergies (medications, foods or other):		
Additional comments:		
Other special instructions:		

## Consent and Release for Medical/Surgical Emergency Treatment

In presenting my/our Son Daughter (Name) \_\_\_\_\_, born \_\_\_\_\_, for diagnosis/treatment, I/we as parents/guardians, hereby voluntarily consent to the rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized pre-hospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I/we hereby give my/our consent to Flagstaff Unified School District who will be responsible for my/our son/daughter during the school day (and/or authorized on-site before/after-school programs) to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my/our child for as long as he/she is enrolled as a student in the district.

I/we acknowledge that I am/we will not hold the district financially responsible for the emergency care and/or transportation for this child.

I have read this form and I certify that I understand its contents.

Signature: \_\_\_\_\_ Mother   Father   Legal Guardian

Date: \_\_\_\_\_