

School _____
Grade _____
Room / Home Room # _____
School Year _____

Oakland Unified School District
PUPIL EMERGENCY CARD

MEDICAL ALERT - SEE OTHER SIDE

(Complete every school year)

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGE OF INFORMATION ON THIS CARD.

Student Name _____ Sex M F Language Spoken At Home _____
(Last) (First) (Middle Initial)

Address _____ Home Phone _____
(Street) (Apt. #) (City) (Zip)

Parent/Guardian Name _____ Parent/Guardian Name _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____
Employer _____ Address _____ Employer _____ Address _____
Work Phone _____ Cell Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACTS: IF CHILD LISTED ABOVE BECOMES ILL OR IS INJURED AT SCHOOL AND I CANNOT BE REACHED, THE SCHOOL AUTHORITIES HAVE MY PERMISSION TO CONTACT AND RELEASE MY CHILD TO THE CARE AND CUSTODY OF ONE OF THE FOLLOWING:

- 1) Name _____ Relationship _____ Home Phone _____ Cell / Work Phone _____
- 2) Name _____ Relationship _____ Home Phone _____ Cell / Work Phone _____
- 3) Name _____ Relationship _____ Home Phone _____ Cell / Work Phone _____

Siblings attending OUSD schools:

NAME	SCHOOL & GRADE	NAME	SCHOOL & GRADE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

IMPORTANT: PLEASE COMPLETE OTHER SIDE OF CARD

(over)

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(over)

PUPIL MEDICAL INFORMATION

Does your child have health insurance? Yes No If yes, Name _____ Member # _____

Your child's doctor's name _____ Phone _____

If your child has any of the following, please check: Asthma Diabetes Seizures Severe Allergies

List type of allergy _____

Explain any seizure history _____

Other serious health concerns _____

Does your child take medication prescribed by a doctor? (Inhaler, Injection, Other) Yes No

Please list medication(s) and times taken _____

If my child needs to be taken to an emergency facility, he / she may be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I understand I will be financially responsible.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

***** For High Schools Only *****

MILITARY EXEMPTION (students 16 years old and above only): I **do not** want the District to release "directory information" (including name, home address, and home telephone number) for the secondary student named on this card to military recruiters for this school year.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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