

# PSUSD EMERGENCY & HEALTH INFORMATION

Accurate Data is vital for your child's safety (Please Print)

Teacher: \_\_\_\_\_  
RM: \_\_\_\_\_

<b>PUPIL'S INFO</b>	Last Name	First Name	Middle
Nickname	Date of Birth	Grade	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (Number & Street)		City, State, Zip	Is this address different from the previous school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address (Number & Street)		City, State, Zip	Is this address different from the previous school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>LEGAL GUARDIAN INFO</b>	Guardian 1 Name	Lives w/Pupil? <input type="checkbox"/> YES <input type="checkbox"/> NO	Guardian 2 Name
	Relationship	Release Contact <input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship
Email		Email	
Phone 1		Phone 1	
Phone 2		Phone 2	
U.S. Military Status: (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Active Guard; <input type="checkbox"/> Inactive Guard; <input type="checkbox"/> Active Reserve; <input type="checkbox"/> Inactive Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased		U.S. Military Status: (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Active Guard; <input type="checkbox"/> Inactive Guard; <input type="checkbox"/> Active Reserve; <input type="checkbox"/> Inactive Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased	
NAMES OF ALL/OTHER CHILDREN IN FAMILY (ALL AGES)	RELATIONSHIP	DATE OF BIRTH	SCHOOL OF ATTENDANCE
			LIVING AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Release agreement and Emergency contact – 4 local and 1 out-of-area– who may be contacted in an emergency when NO PARENT or GUARDIAN can be located. <b>The student will only be released to a parent/guardian or the following: (Be prepared to provide valid identification)</b>			
1)Name	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
2)Name	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
3)Name	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
4)Name	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
5)Name (Out-of-Area)	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

## HEALTH RECORD

Please check any & all conditions in this student's medical history. Use the area below to add an explanation/recommendation.

- |   |   |   |  |  |  |
|---|---|---|--|--|--|
| <input type="checkbox"/> Allergy - Life Threatening     | <input type="checkbox"/> Autism         | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Headache - Migraine | <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Seizure Disorder        |
| <input type="checkbox"/> Allergy - Non-Life Threatening | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Eczema                   | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Muscular Dystrophy  | <input type="checkbox"/> Urinary System Disorder |
| <input type="checkbox"/> Arthritis                      | <input type="checkbox"/> Cancer         | <input type="checkbox"/> Gastrointestinal Disease | <input type="checkbox"/> Heart Murmur        | <input type="checkbox"/> Orthopedic Disorder | <input type="checkbox"/> Other (describe below)  |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> G-Tube                   | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Scoliosis           |  |

Explanation/Recommendation regarding above: \_\_\_\_\_

Within the last year, has this student been admitted to a hospital overnight?  YES  NO

Is the student currently taking medications?  YES  NO; Is the medication required during school hours?  YES  NO

**MEDICATION CANNOT BE DISPENSED AT SCHOOL WITHOUT A FORMAL REQUEST SIGNED BY A DOCTOR AND PARENT. MEDICATION FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.**

Does the student have a Doctor: <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the student have a Dentist: <input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problem: <input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problem: <input type="checkbox"/> YES <input type="checkbox"/> NO	Wears hearing aid: <input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problem: <input type="checkbox"/> YES <input type="checkbox"/> NO	Wears glasses/contacts: <input type="checkbox"/> YES <input type="checkbox"/> NO
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**If my child is or becomes eligible for public benefits (Medi-Cal), I authorize the LEA/District to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services:  YES  NO**

(Health or accident insurance is NOT provided by the District)

**I UNDERSTAND THAT IN AN EMERGENCY WHEN NO GUARDIAN OR EMERGENCY CONTACT CAN BE LOCATED, THE DISTRICT WILL OBTAIN NEEDED MEDICAL CARE FOR THE STUDENT OR SEND THE STUDENT BY AMBULANCE TO THE NEAREST HOSPITAL AT PARENT/GUARDIAN EXPENSE.**

Name of person completing form(print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of parent/guardian (certifying information provided is accurate): \_\_\_\_\_ Date: \_\_\_\_\_

Please complete ALL sections of this form

Revised 02/02/18 SC

<b>OFFICE USE ONLY</b>
Updated in Synergy by: _____

Time Stamp: \_\_\_\_\_

Student: \_\_\_\_\_  
First: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Sort #: \_\_\_\_\_