

**ARENA ELEMENTARY SCHOOL  
STUDENT EMERGENCY INFORMATION**

PLEASE PRINT – STUDENT'S LEGAL NAME:	Grade:	Birthdate (Month/Day/Year):
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Likes to be called (nickname):	Student email address:
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GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male. <input type="checkbox"/> Nonbinary	PRIMARY TELEPHONE#:	ALTERNATE/CELLPHONE#:
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How does your child get to/from school? Please mark all that apply.  Walks  Personal Vehicle  Rides the School Bus

BUS ROUTES: <input type="checkbox"/> Point Arena AM/PM <input type="checkbox"/> Manchester AM/PM <input type="checkbox"/> Ridge AM/PM <input type="checkbox"/> Coast AM/PM	<input type="checkbox"/> 2:15. <input type="checkbox"/> 3:15
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PLEASE LIST YOUR CHILD'S BUS STOP(S):

MAILING ADDRESS (PO Box or house/apt # & street name)	City	State	Zip
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RESIDENCE ADDRESS (house/apt # & street name)	City	State	Zip
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PARENT/GUARDIAN INFORMATION: ★ STAR Best daytime phone number

Parent/Guardian Name:	Home Phone
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Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> *Legal Guardian	Cell Phone:
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Employer:	Work Phone:
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Email Address:

Parent/Guardian Name:	★ STAR Best daytime phone number Home Phone:
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Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> *Legal Guardian	Cell Phone:
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Employer:	Work Phone:
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Email Address:

Student resides with (check all that apply):  Mother  Father  Legal Guardian  Joint Household  Alternating household

\* If you are the student's Legally Appointed Guardian, please provide documentation.

Does the student have a parent/guardian on Active Duty with the Armed Forces or Full-Time National Guard?  Yes  No

If yes, please list the parent's name, branch, and rank: \_\_\_\_\_

**RESIDENCE– Where is your child/family currently living? (McKinney Vento) – Please check appropriate box:**

<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)	<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> International Exchange Program
<input type="checkbox"/> In a shelter or transitional housing program	<input type="checkbox"/> Unsheltered (car, campsite, etc.)	
<input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)	<input type="checkbox"/> Other (please specify):	

If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Legally Appointed Guardianship

**DUPLICATE MAILING (if custody agreement allows duplicate mailing / information to be provided to other parent, please complete the section below)**

Full Name:	Relationship to Student:
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Emergency contact for student? <input type="checkbox"/> Yes <input type="checkbox"/> No	To receive <input type="checkbox"/> Copy all mail <input type="checkbox"/> Copy of grades only
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Lives with student? <input type="checkbox"/> Yes. <input type="checkbox"/> No	Phone Number:
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Mailing Address (P.O Box or house/apt # & street name, City, State & Zip)

**EMERGENCY CONTACTS (Please include relationship to student-relative, friend, neighbor, etc):**

Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	

Please complete both sides of this form

STUDENT EMERGENCY INFORMATION

STUDENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

In which language do you wish to receive written communications from the school?  English  Spanish

HEALTH AND MEDICATION INFORMATION

Check here if student has NO KNOWN HEALTH PROBLEMS

Check here if student has KNOWN HEALTH PROBLEMS and check all that apply below.

ADD/ADHD

Heart Problems

Seizures

Asthma

Diabetes

TYPE 1

TYPE II

SEVERE Allergy to: \_\_\_\_\_

Epi-Pen

Other: \_\_\_\_\_

Check here if student wears glasses/contact lenses.

Check here if student has hearing loss or uses hearing aids

Check here if student has physical challenges

Does the student have a condition that limits participation in  Classroom activities  Physical Education. Explain: \_\_\_\_\_

**MEDICATION:** List any medication (including dosage) taken by your child for the above condition and indicate whether medication is needed at home, school, or both. Note: California Education Code 49423 requires that if medications are taken at school, there must be a medication form of file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.

AT HOME \_\_\_\_\_

AT SCHOOL \_\_\_\_\_

PHYSICIAN / DENTIST INFORMATION & HEALTH INSURANCE COVERAGE

Family Physician Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Facility: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Does this student have health insurance?  Yes  No

Does this student have dental insurance?  Yes  No

Name of Health Insurance and Health Plan Provider ID#: \_\_\_\_\_

ANAPHYLACTIC (ALLERGIC) CONSENT

\*California Education Code 49414: In the event that my child experiences a severe, life threatening anaphylactic (allergic) reaction during school hours or during school related activities,

I/WE  GIVE MY/OUR CONSENT or  DO NOT GIVE MY/OUR CONSENT

for trained designated school staff to administer the epinephrine auto-injector (Epi-pen) emergency treatment, under the indirect supervision of the school nurse

EMERGENCY AUTHORIZATION & TREATMENT

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. In addition, I further authorize the physician named above to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care. Likewise, our signature below is not sufficient for the release of confidential information protected by Federal law.

The information provided is accurate to the best of my/our knowledge, and I/we understand my/our responsibility.

Print parent/legal guardian name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

Print parent/legal guardian name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

Notes:

(FOR SCHOOL USE ONLY)

STU PERM #

SSID#

Please complete both sides of this form

Point Arena School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived age, ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, immigration status, marital status, medical information, national origin, parental status, pregnancy status, race, religion, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics.) For questions or complaints, contact: Title IX Coordinator: Michelle Egger (707) 882-2131, 504 Coordinator: Michelle Egger, (707) 882-2131, Title II Coordinator: Warren Galletti (707) 882-2803 or wgalletti@mcn.org