ARENA ELMENTARY SCHOOL
STUDENT EMERGENCY INFORMATION

PLEASE PRINT – STUDENT'S LEGAL NAME:

Grade: | **Birthdate** (Month/Day/Year):

Likes to be called (nickname):

Student email address:

GENDER: ☐ Female   ☐ Male.   ☐ Nonbinary | **PRIMARY TELEPHONE#:** | **ALTERNATE/CELLPHONE#:**

How does your child get to/from school? Please mark all that apply.   ☐ Walks   ☐ Personal Vehicle   ☐ Rides the School Bus

BUS ROUTES: ☐ Point Arena AM/PM   ☐ Manchester AM/PM   ☐ Ridge AM/PM   ☐ Coast AM/PM   ☐ 2:15.   ☐ 3:15

PLEASE LIST YOUR CHILD'S BUS STOP(S):

MAILING ADDRESS (PO Box or house/apt # & street name)   **City**   **State**   **Zip**

RESIDENCE ADDRESS (house/apt # & street name)   **City**   **State**   **Zip**

PARENT/GUARDIAN INFORMATION: ⭐ **STAR Best daytime phone number**

Home Phone

Parent/Guardian Name:

Relationship to Student: ☐ Parent ☐ Step Parent ☐ Foster Parent   ☐ *Legal Guardian | **Cell Phone:**

Employer: | **Work Phone:**

Email Address:

⭐ **STAR Best daytime phone number**

Home Phone:

Parent/Guardian Name:

Relationship to Student: ☐ Parent ☐ Step Parent ☐ Foster Parent   ☐ *Legal Guardian | **Cell Phone:**

Employer: | **Work Phone:**

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:**

☐ In a single family permanent residence (house, apartment, condo, mobile home)

☐ In a shelter or transitional housing program

☐ Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)

☐ In a motel/hotel   ☐ International Exchange Program

☐ Unsheltered (car, campsite, etc.)

☐ 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:**

Emergency contact for student? ☐   Yes ☐ No | To receive ☐ Copy all mail   ☐ Copy of grades only

Lives with student? ☐ Yes. ☐ No | **Phone Number:**

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 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 glassess/contact lenses.** | ☐ **Check here if student has hearing loss or uss 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 epiphrine 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