

**Arena Union Elementary School District
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: 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
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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
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> *Legal Guardian	Cell Phone:
Employer:	WorkPhone:
Email Address:	

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

* 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: _____

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

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)

Full Name:	Relationship to Student:
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
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #:	

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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 on 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: _____

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: Dunnell Daleuski (707) 882-2803 or ddaleuski@pauhs.org, 504 Coordinator: Michelle Egger (707) 882-2131 or megger@aesfamily.org, Title II Coordinator: Warren Galletti (707) 882-2803 or wgalletti@mcn.org

(FOR SCHOOL USE ONLY)

STU PERM #

SSID#

Rev07082022

Please complete both sides of this form