Entered into Aeries
Date: ________________ By: __________

EMERGENCY CARD FORM
Union Mine High School

Student Name: ____
(Last Name) (First Name) (Middle Name)

Date of Birth: ______________ Gender: M ☐ F ☐ Grade: ____________

Students Cell: (   ) ______________ Student's Email: ______________

Place of Birth: ____

Student's Address: ____
(Mailing Address) (City) (Zip)

____
(Physical Address) (City) (Zip)

☐ Father ☐ Stepfather ☐ Guardian — Living with Student ☐ YES ☐ NO	☐ Mother ☐ Stepmother ☐ Guardian — Living with Student ☐ YES ☐ NO
Parent/Guardian Name:	Parent/Guardian Name:
Address, If not living with student — Receive Copy of Mail ☐ Yes ☐ NO Streest Address, City, Zip Code	Address, If not living with Student — Receive Copy of Mail ☐ Yes ☐ NO Street Address, City, Zip Code
Home Phone: / Cell Phone:	Home Phone: / Cell Phone:
Parent's E-Mail:	Parent's E-Mail:
Employer: / Work Phone:	Employer: / Work Phone:

In case the student's parent/guardian cannot be reached, the school will contact and/or release the student to the following adults:

Adults Name	Day-Time Phone	Cell Phone	Relationship to Student

PLEASE COMPLETE REVERSE SIDE OF EMERGENCY CARD

Siblings: ____________________ ____________________
Names/Ages/Schools Names/Ages/Schools

Siblings: ____________________ ____________________
Names/Ages/Schools Names/Ages/Schools

Check any of the following programs in which the student has currently enrolled:

☐ **Special Education** ☐ **GATE (gifted)** ☐ **Section 504 Accommodations** ☐ **Bilingual**

Family Physician: ____
(Name) (Phone)

Allergic Reactions: YES ☐ NO ☐ If yes, type of allergy: ____________

Asthma: YES ☐ NO ☐ If yes, medication taken if any: ____________

Seizure Disorder: YES ☐ NO ☐ If yes, type: ____________

Diabetes: YES ☐ NO ☐ Tetanus-Date of last immunization: ____________

Medication Taken: YES ☐ NO ☐ If yes, name: ____________

Annual Notification to Parents/Guardians ☐ Allow ☐ Deny

Technology Acceptable Use Policy ☐ Allow ☐ Deny

Student Internet Use Authorization ☐ Allow ☐ Deny

Military Release Information ☐ Allow ☐ Deny

Release of Student Images or Work ☐ Allow ☐ Deny
(including photo in Yearbook)

NOTE: If your child needs to take medication during school hours, a form must be signed by the Parent/Guardian AND Physician before the school can administer medications.

Other Medical Conditions: ____

____

Health Insurance Carrier: ____________________ Policy Number: ____________

I/We authorize the District's Authorized personnel to administer first aide and to obtain medical care for my/our child, ____________________ in the event of an accident, injury, or illness.

I/We the parents of ____________________ a minor, authorize the El Dorado Union High School District to act as my/our agent in my/our absence to obtain through the physician named above such medical or hospital care as is reasonably necessary for the welfare of the student, including necessary transportation. In the event said physician is not available at the time, I /we authorize such care and treatment to be performed by any licensed physician or surgeon. I/We agree to bear all costs incurred as a result of the foregoing.

____________________ ____________________
Father/Guardian Signature **Date** **Mother/Guardian Signature** **Date**