

Student Name: _____

Date of Birth: _____

Last First Middle

Pleasant Valley School District
Student and Emergency Card Information
2020-2021

School: _____

Grade: _____

Male Female

Student resides with:

Both Parents Mother Father Joint Custody Guardian

Home Address: _____ Phone: _____
Street City Zip Code

Home E-mail Address: _____

Father/Guardian Name: _____ Home: _____
Address: _____ Cell: _____
Employer: _____ Work #: _____
 Father Step-Father Guardian Father E-mail Address: _____

Mother/Guardian Name: _____ Home: _____
Address: _____ Cell: _____
Employer: _____ Work #: _____
 Mother Step-Mother Guardian Mother E-mail Address: _____

In the event of illness, medical emergency or disaster and parent/guardian cannot be reached, a school official may call the following local stepparent, friends, relatives, or adult siblings (18 or over) who are authorized to take responsibility for student's care: (For DISASTER release, please include the names of local authorized neighbors, carpool drivers (vans, buses or day care) who routinely pick up your child.)

Illness / Emergency / Disaster Release

1. Name: _____ Relationship _____ Phone/cell #: _____
2. Name: _____ Relationship _____ Phone/cell #: _____
3. Name: _____ Relationship _____ Phone/cell #: _____
4. Name: _____ Relationship _____ Phone/cell #: _____

Brothers and Sisters of Student

Name	DOB	School	Name	DOB	School

Please complete the health history information requested below; check () all that apply.

Allergies Handicapped: Describe _____
 Asthma Hearing Concerns: Describe _____
 Serious Bee Sting Allergy Vision Concerns: Describe _____
 Diabetes Student Takes Medication: List Medications _____
 Heart Problems Other Health Concerns: _____
 Seizures _____
 ADD/ADHD Any Physical Education Restrictions: Describe (Doctor's note required) _____
 Wears Hearing Aids _____
 Wears Glasses/Contacts Student's Physician: _____ Phone: _____

On occasion, refreshments for students may be provided. Permission is needed before we can offer refreshments to your child...
 My child has permission to accept refreshments provided during band. Please list any allergies above.

- In the event of an illness or injury, I hereby authorize school officials to obtain emergency transportation and treatment on the student's behalf.
- I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. A Student Accident Policy is available to all students for a nominal fee.
- I will promptly notify the school when information on this form changes, including taking medication during the school day.
- Consent to share health information with school staff as appropriate.

MY SIGNATURE ACKNOWLEDGES ALL THE ABOVE

Signature of Parent/Guardian

Date

Student Name: _____

Last Name

First Name

Date of Birth