

GROSSMONT UNION HIGH SCHOOL DISTRICT - EMERGENCY INFORMATION

Student # _____

M ___ F ___



First Letter of Last Name

NAME _____ GRADE _____ DATE OF BIRTH _____

LAST FIRST MIDDLE

ADDRESS _____ PHONE _____

STREET CITY ZIP

EMERGENCY INFORMATION

It is vitally important for the safety and well being of your student that we have the information requested on this card in case of EMERGENCY. Please fill out the card COMPLETELY. A card is needed for EACH STUDENT. Notify the Nurse's Office immediately about any change to this information. Check (✓) which parent should be called first.

FATHER OR GUARDIAN _____ Cell # _____
EMPLOYER _____ PHONE _____ EXT. _____

MOTHER OR GUARDIAN _____ Cell # _____
EMPLOYER _____ PHONE _____ EXT. _____

IF PARENTS CANNOT BE REACHED PLEASE NOTIFY (someone with car):

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____

DOCTOR AND DENTIST TO CALL IN EMERGENCY:

1. _____ M.D. Address _____ Phone _____
2. _____ D.D.S. Address _____ Phone _____

NAME OF HEALTH INSURANCE _____ Medi-Cal: ___ Yes ___ No If none of the above is available, your child will be transported by ambulance to the nearest hospital, only in a life threatening emergency.

Which Hospital _____ Address _____ Phone _____

Date _____ Digital Signature (type full name) _____

HEALTH HISTORY

Please check and briefly explain any of the health problems that apply to your student.

Allergies _____

Asthma _____

Is inhaler used at school? Yes No

Brand Name _____

Is inhaler used at home? Yes No

Brand Name _____

Diabetes _____

Heart Problems _____

Seizures/Convulsions _____

Serious Injuries _____

Vision Problems _____

No known Medical or Health Problems

Bee/Wasp (stings) When Stung _____

Extensive swelling Yes No

Breathing difficulty Yes No

Medication required Yes No

Epi-Pen Yes No

Seen by physician Yes No

Dr. Name & Number _____

Hearing Problems _____

Operations _____

Serious Illness _____

Speech Problems _____

Other Medical or Health Problems _____

Date Last Physical Exam _____

Date Last Dental Exam _____

California State Law requires that the parent inform the school if their children take medication on a continuous basis for a non-episodic condition.

Medication _____ Diagnosis _____ Dosage _____ Time _____

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Physical Education Restrictions (Physician's note required) _____

Date _____ Digital Signature (type full legal name) _____