CANOAS ANNUAL STUDENT EMERGENCY INFORMATION 2008-09

(Please Print Clearly)

Student First Name	Middle Initial	Last Name	Nick Name	Gender (M/F)

Teacher	Grade:	Birth Date: MM/DD/YY

Home Address	City, State, Zip	Telephone Number (With Area Code) ( ) -

Email Address	Parent Cell Phone Number	Alternate Cell Phone Number ( ) -

Child Resides With: (check one)

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ Other---Please Explain below:

Language Spoken at Home	I Request Written Material in ☐ English ☐ Spanish ☐ Vietnamese

Parent/Guardian Last Name First Middle Initial	Employer	Telephone Number & Ext. ( ) -

Spouse/Guardian Last Name First Middle Initial	Employer	Telephone Number & Ext. ( ) -

Child Care Provider	Telephone ( ) -

Address	Days/Hours	Relationship

MEDICAL INFORMATION (If "Yes", Please Place "X" in Box.)

☐ On Medication ☐ Medication Allergy ☐ Hearing Problem ☐ Vision Problems

☐ Contact Lenses ☐ Limited Activity ☐ Seizure Disorder ☐ Heart Problem

☐ Diabetes ☐ Asthma ☐ Allergy/Bee Sting ☐ Allergy/Other

If any of the above are checked or you have any medical information the school should be aware of, please explain:

In the event of a disaster or emergency, my child can be released to the following people:

Name	Relationship	Telephone No. ( ) -

Name	Relationship	Telephone No. ( ) -

Name	Relationship	Telephone No. ( ) -

If the parent cannot be reached, and it is determined my child needs emergency medical care, please take my child to the nearest emergency aid station by ambulance, if necessary for treatment.

I realize that the school district cannot assume responsibility for the payment of medical expenses incurred.

Signatures: _____

Legal Guardian Date Student Date

Signatures: _____

Legal Guardian Date

Note: Please complete this form and return to child's school.