

SAN BRUNO PARK SCHOOL DISTRICT

School: **EMERGENCY INFORMATION**

I.D. _____

Date of Enrollment _____

Pupil's Social Security No. _____

PLEASE PRINT - USE BLACK OR BLUE INK

Pupil's Name _____ M F Grade _____ Teacher _____

Address _____ Apt.# _____ City _____ Zip _____

Birthdate _____ Age _____ Birthplace _____

Mo. Day Year City State Country

Student resides with both parents _____ Mother only _____ Father only _____ Other _____

In the event of accidental injury or illness requiring emergency medical or surgical attention, where can the pupil's parents be contacted?

Who should be called first? Mother _____ Father _____ Other _____

Name	Home Address	Home Phone
Mother		
Father		
Guardian		

Where Employed	Occupation	Address	Work Phone
Mother			
Father			
Guardian			

In case the school is unable to contact either parent at home or work, list two neighbors or relatives who would have the authority to advise the school regarding the welfare of your child.

Relationship	Name	Address	Telephone
DayCareProvider			

MEDICAL EMERGENCY INFORMATION

In case of serious illness or accident affecting your child, do you give permission for the school authorities to obtain medical aid or ambulance service **AT YOUR EXPENSE** if you **CANNOT** be reached?

Yes _____ No _____ If "No", what do you want done? _____

(Insurance carrier)

Doctor _____ Hospital _____ Phone _____

Dentist _____ Address _____ Phone _____

Please indicate any health problems, including any recent serious illnesses or injuries, drug allergies, or bee sting allergies, of which the school/emergency officer should be aware: _____

Continued on back.

List **ALL** children in order of births (in your household) including this child.

Name	Birthdate	M or F	School	Grade

In the event of any major disaster, my child may be released to any of the people listed below: (Please include at least one neighborhood resident)

Name	Address	Phone

For conferencing with your child's teacher, indicate the best day of the week and time for you to meet with the teacher:

MON. TUES. WED. THURS. FRI. A.M P.M.

FIELD TRIP PERMISSION

The school will be planning educational and enrichment field trips. The teacher will accompany the students on field trips, and precautions will be taken to ensure your child's safety.

Transportation for trips is usually provided by chartered school buses supplied through the San Mateo High School District. On occasion, private cars, public transportation, or walking field trips may be taken. You will be notified each time your child will be going on a field trip.

I agree to indemnify and save harmless the San Bruno Park School District, its employees, and adults who provide transportation to students during field trips from all claims, lawsuits or actions of every name, kind and description, brought for, or on account of injuries of any person or damage to property arising from any field trip related to school activities.

Please sign below to give your child permission to attend school or class field trips during this school year.

Parent/Guardian Signature _____

Relationship to child _____ Date signed _____