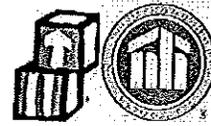




San Diego Unified School District
 Early Childhood Education Programs
EMERGENCY INFORMATION RECORD



MEDICAL CONCERNS:

I. Child's name _____ Home phone _____ Date of birth _____
 Mother's name _____ Father's name _____
 Home address _____ Home address _____
 Home phone _____ Bus. Phone _____ Home phone _____ Bus. Phone _____
 Cell phone/pager _____ Cell phone/pager _____
 Employer _____ Employer _____
 Employer address _____ Employer address _____
 Working days _____ Working days _____
 Working hours _____ am to _____ pm Working hours _____ am to _____ pm

II. Additional Persons Who May Be Called in an Emergency to Take Child from Facility:

The California State Board of Education requires parents to file names of at least two responsible persons who will care for the child in the event of illness. Please be sure these names and phone numbers are local and kept up to date with the center/preschool. *The child will not be allowed to leave with any other persons without written authorization from parent or guardian. (Preschool children must be signed in and out by a person over eighteen years of age or over.)*

Name _____ Phone () _____ Relationship _____
 Name _____ Phone () _____ Relationship _____

In the event of illness or accident to the above-named child, every effort will be made to notify the parent(s) or authorized persons listed above before emergency procedures, other than first aid, are carried out.

III. Physician to be called in Emergency

Name _____ Telephone _____
 Address _____
 If physician cannot be reached, what action should be taken? _____

IV. Medi-Cal number _____ Medical insurance _____ Insurance number _____

V. Allergies or other medical limitations: _____

VI. Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In the event of illness to the above-named child, I hereby authorize the Child Development Center/State Preschool/School Readiness Preschool and/or NHA/Head Start to provide such emergency medical treatment and services as deemed necessary including but not limited to service, and emergency medical treatment and services. I hereby release the San Diego Unified School District and the Child Development Center/State Preschool/School Readiness Preschool and/or NHA/Head Start and all of their officers and employees from any liability which could arise from providing such emergency medical treatment and services.

Parent/Guardian Signature _____

Date _____