

PALISADES CHARTER HIGH SCHOOL EMERGENCY INFORMATION CARD

PLEASE PRINT - COMPLETED CARDS MUST BE RETURNED TO SCHOOL AS SOON AS POSSIBLE

STUDENT INFORMATION				
LAST NAME	FIRST	INITIAL	HOME PHONE	
GRADE	PERIOD 2 ROOM NO.	PERIOD 2 TEACHER'S NAME		
BIRTHDATE		HOME LANGUAGE		
HOME ADDRESS				
NUMBER	STREET	APT. NO.	CITY	ZIP CODE

PARENT/LEGAL GUARDIAN INFORMATION			
MOTHER/GUARDIAN'S LAST NAME	FIRST	DAYTIME PHONE	
EMAIL ADDRESS		CELL PHONE	
BUSINESS ADDRESS		OCCUPATION	
FATHER/GUARDIAN'S LAST NAME	FIRST	DAYTIME PHONE	
EMAIL ADDRESS		CELL PHONE	
BUSINESS ADDRESS		OCCUPATION	

IN CASE YOU ARE UNABLE TO REACH ME DURING AN EMERGENCY, YOU ARE AUTHORIZED TO CONTACT AND, IF NECESSARY, RELEASE MY CHILD TO ANY OF THE FOLLOWING:		
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

DOES YOUR CHILD HAVE ANY SIBLINGS ATTENDING PALISADES CHARTER HIGH SCHOOL:		
LAST NAME	FIRST NAME	GRADE
LAST NAME	FIRST NAME	GRADE
LAST NAME	FIRST NAME	GRADE

IN A MAJOR EMERGENCY, IT IS THE SCHOOL'S POLICY TO RETAIN STUDENTS AT SCHOOL FOR THEIR SAFETY. THE INFORMATION ON THIS CARD WILL BE USED BY SCHOOL STAFF TO RELEASE STUDENTS.

Mother/Guardian's Signature _____

Father/Guardian's Signature _____

(OVER)

Emergency Card Rev 20100806

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of _____, a minor, hereby authorizes the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Palisades Charter High School, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

DOCTOR	DAYTIME PHONE
INSURANCE PLAN	GROUP OR POLICY NUMBER
MY CHILD IS ALLERGIC TO THE FOLLOWING:	
OTHER MEDICATIONS USED:	
SIGNATURE OF PARENT OR GUARDIAN	

EMERGENCY INFORMATION

Dear Parents or Guardians:

One of the most important responsibilities we have as parents, students, and district employees is being Prepared in case of an emergency.

Various types of emergencies may occur during the school day. A pupil may become ill or get injured at school, or a major earthquake may strike unexpectedly. By being prepared in advance, we can minimize injury and confusion.

We need your cooperation on a very important matter. During an emergency, we may need to reach you or a designated representative during school hours. This information must be on file at the school. To help us serve you, please complete the Emergency Information Cards and return them to your pupil's school.

Your cooperation is greatly appreciated. Thank you.