

## DMCS - Extended Day Program EMERGENCY CARD

<b>Student's Name:</b>		
Last:	First:	MI:
<b>Home Address:</b>		
Street:	Apt:	City: Zip:
<b>Student's Home Phone #:</b>	<b>Birthdate:</b>	<b>Home Email:</b>
<b>Child Reside's With:</b> Mother    Father    Step-Mother    Step-Father    Other:		
<b>Father's Information</b>		<b>Mother's Information</b>
<b>Name:</b>		<b>Name:</b>
<b>Home Address:</b>		<b>Home Address:</b>
<b>City:</b>	<b>Zip:</b>	<b>City:</b> <b>Zip:</b>
<b>Home Ph:</b>		<b>Home Ph:</b>
<b>Cell Ph:</b>		<b>Cell Ph:</b>
<b>Alt Ph:</b>		<b>Alt Ph:</b>
<b>Place of Employment:</b>	<b>Work Ph:</b>	<b>Place of Employment:</b> <b>Work Phone:</b>
<b>Emergency Contacts / Persons authorized to pick up my child:</b>		
Name:	Relationship to Student	Day Phone
Name:	Relationship to Student	Day Phone
Name:	Relationship to Student	Day Phone
<b>* Please use an additional paper &amp; attach for more contacts if needed.</b>		

Continued on reverse

Continued on reverse

Continued on reverse

### Medical Information

<b>Special Health Problems:</b>	<b>Prescribed medications taken:</b>
<b>Insurance Carrier/ID# :</b>	<b>Family Physician:</b>
Insurance Phone #:	Physician's Phone:
<b>For Emergency Medical Authorization/Treatment:</b> <b>Ed Code 49407, 49408, 49409</b> In an emergency due to serious illness, or accident when I can not be contacted, the DMCS EDP authorities have my permission to use their best judgment in the interest of the health of the above named student.	<b>Transportation Authorization: Ed Code 35350</b>  The California Ed Code requires parents'/Guardians' permission before students may be transported by the school for any reason <b>except</b> for medical emergency. The DMCS EDP has my permission in an emergency to transport the above named student in a school district vehicle or other authorized vehicles.
<b>Misc. information as needed:</b>	
_____ Signature of Parent/Guardian	_____ Date

This Emergency Card information is confidential and will be used only by authorized personnel.