

Room No. _____

Marysville Joint Unified School District

Home Phone: _____

EMERGENCY FORM

Grades K-8

Student's Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number _____ Birth date _____ Male Female Grade: _____

Does the student have any of the following health conditions?

Asthma Diabetes Epilepsy Heart Trouble Allergy: specify: _____ other; specify: _____

Is student taking medications? Yes No If yes, please list medications: _____

Home Address: _____ Last school attended _____

Mailing Address: _____

Mother/Guardian: _____ Employer: _____ Work Phone: _____

Father/Guardian: _____ Employer: _____ Work Phone: _____

Give name of other children living in the home and their birth date:

1. _____ 3. _____

2. _____ 4. _____

Contact in Case of Emergency: (Please indicate in what order to be contacted 1, 2, 3,.)

__ Name: _____ Telephone: _____ Relationship to student: _____

__ Name: _____ Telephone: _____ Relationship to student: _____

__ Name: _____ Telephone: _____ Relationship to student: _____

Parent/Guardian Signature: _____

Ethnicity : Native American ~ Asian ~ Pacific Islander ~ Filipino ~ Hispanic ~ White ~ African American

Parent Education Level : Not HS Grad ~ HS Grad ~ Some College ~ Grad School ~ Do Not Wish To State