

2011/12 EMERGENCY CARD & DISASTER PREPAREDNESS CARD

Student(s) Last Name: _____

(1 card per family **IN INK** -- we will duplicate as needed)

Address	City	zip	Phone

Student Name	Birth date	Sex	Grade/ Teacher	Medical Id#	Students Live With (circle one)
1					Both parents Mother Father Guardian
2					Both parents Mother Father Guardian
3					Both parents Mother Father Guardian

Mother's Name	Home Phone (If Different)	Employer	Work Phone	Cell Phone/Pager

Mother's Address (if different from above)
requires separate mailing?

Father's Name	Home Phone (If Different)	Employer	Work Phone	Cell Phone/Pager

Father's Address (if different from above)
requires separate mailing?

Guardian	Home Phone (If Different)	Employer	Work Phone	Cell Phone/Pager

Physician/ Practitioner	Phone	Insurance	Dentist	Phone

Special Health Considerations:

Custody Information:

If you cannot be reached, list **THREE** people who may be contacted if your child is unable to remain at school due to illness or injury.

Name	Address	relationship	Phone	Cell
1				
2				
3				

EMERGENCY INFORMATION- The following information is desired for use in the event that your child becomes ill or is injured while at school or in case of an impending or actual disaster and you cannot be reached. In cases of minor nature, first aid will be administered. It is understood that the instructions given on this card will remain in force until revoked by the parent or guardian. Indicate the action you want the school to take if the injury or illness is of a serious nature:

Child should be placed in care of personal physician Yes _____ NO _____

Child should be placed in care of Christian Science practitioner Yes _____ NO _____

If physician/ practitioner cannot be reached immediately, what action should be taken?

PERMISSION TO ADMINISTER ACETAMINOPHEN (Tylenol or equivalent)	
I authorize appropriate school personnel to administer the appropriate child's dosage of acetaminophen (Tylenol or equivalent) if my child is suffering from headache or fever and I cannot be reached.	
Signature _____	Date _____


VERIFICATION OF RIGHTS & AGREEMENT TO OBTAIN EMERGENCY CARE - Please sign below to indicate:

- That you have been notified of your rights as a parent/guardian. (Your signature does not indicate consent to participate in any particular program.)
- That you authorize the school to obtain medical care for your child, as specified above, in any emergency.

Signature of Parent/ Guardian _____ **Date** _____

PHYSICAL EDUCATION REQUIREMENT - The state of California (E.C. 51222) states that every school child is required to take physical education unless legally exempt under E.C. 51241 or E.C. 51246. When there is a legitimate reason for a student to be excused from P.E. for one week or less, please send a note by the student to the office. Any time an excuse will exceed one week, a form must be completed and signed by a physician.

Is there any reason why this student(s) should not participate in the regular physical education program? Yes _____ No _____

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PLEASE NOTE: A SCHOOL CLOSURE AUTOMATICALLY MEANS THAT DAY CARE IS CANCELED.

DISASTER PREPAREDNESS

If school closes and all students must leave school during school hours due to snow, water failure, earthquake, fire, etc., and parents cannot be reached, please list 6 people to whom your child may be released. Your child will be detained at school unless we can release them to you or someone from this list.

PLEASE NOTE: WE CAN NOT RELEASE YOUR CHILD TO ANYONE NOT ON THIS LIST OR OTHERWISE NOTED ON THIS CARD.

Please choose family or friends in **close proximity** to the school for this list.

Name	Address	relationship	Phone
1			
2			
3			
4			
5			
6			

IMPORTANT: Please realize that in a disaster, it may not be possible to get to the school from the valley. Please have listed at least one person who lives on the mountain and is home during the day to whom your child can be released. Thank You.

Emergency Out of State Contact Person _____ Phone _____

Other information or instructions:

FOR SCHOOL USE DURING EMERGENCY -
In the event of a disaster at the school, a copy of this card will remain with your child and will be released to you or to the person picking up your child.
First Aide Treatment Given:

BEFORE AND AFTER SCHOOL INSTRUCTIONS
Usual method of transportation to school Walk ___ Bus ___ Parent's Car ___ Carpool ___ Children attend A.M. Clubhouse Always ___ Never ___ Occasionally ___
Usual method of transportation from school Walk ___ Bus ___ Parent's Car ___ Carpool ___ Children attend P.M. Clubhouse Always ___ Never ___ Occasionally ___

PHONE DIRECTORY RELEASE

Lakeside school prints and distributes to all families in the school, a directory of students. This directory includes birthdates, home addresses, phone numbers, email addresses and parent's names. This list is for the use of Lakeside families and should not be distributed outside the Lakeside Community. Please choose one of the following options: (If no option is selected we will include your family on the directory.)

A. I give my permission to include my family in the Lakeside Directory. I understand that this is private and I will not distribute this information to anyone not belonging to the Lakeside Community.

Signed: _____ Date: _____

B. I do not wish to have my family included on the Lakeside Phone Directory.

Signed: _____ Date: _____

PHOTO RELEASE PERMISSION:

I give my permission for my child's photo to appear in local publications i.e. Mountain Network News, Los Gatos Weekly, etc.

Signed: _____ Date: _____

I do not give permission for my child's photo to appear in local publications

Signed: _____ Date: _____

LAKESIDE E-MAIL LIST

For our emergency contact system we need your email address. You may also be on a list to receive the Lakeside Letter, informational updates, calendar changes, etc., please PRINT your e-mail address

- Connect -Ed list
- Lakeside Letter
- Parent Directory
- All e-mail

Name:	e-mail address

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