



**Oakland Unified School District  
PUPIL EMERGENCY CARD  
(Complete every school year)**

MEDICAL ALERT - SEE **BELOW**

**PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGE OF INFORMATION ON THIS CARD.**

Student Name \_\_\_\_\_ Sex M  F  Language Spoken At Home \_\_\_\_\_  
*(Last) (First) (Middle Initial)*

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Room / Home Room # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
*(Street) (Apt. #) (City) (Zip)*

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACTS: IF CHILD LISTED ABOVE BECOMES ILL OR IS INJURED AT SCHOOL AND I CANNOT BE REACHED, THE SCHOOL AUTHORITIES HAVE MY PERMISSION TO CONTACT AND RELEASE MY CHILD TO THE CARE AND CUSTODY OF ONE OF THE FOLLOWING:**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_

**Siblings attending OUSD schools:**

NAME	SCHOOL & GRADE	NAME	SCHOOL & GRADE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

(Rev. 5/23/05)

**PUPIL MEDICAL INFORMATION**

Does your child have health insurance ?  Yes  No If yes, Name \_\_\_\_\_ Member # \_\_\_\_\_

Your child's doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

If your child has any of the following, please check:  Asthma  Diabetes  Seizures  
 Severe Allergies

List type of allergy \_\_\_\_\_

Explain any seizure history \_\_\_\_\_

Other serious health concerns \_\_\_\_\_

Does your child take medication prescribed by a doctor ? (Inhaler, Injection, Other)  Yes  No

Please list medication(s) and times taken \_\_\_\_\_

**If my child needs to be taken to an emergency facility, he / she may be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I understand I will be financially responsible.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_