

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

**Oakland Unified School District**  
**PUPIL EMERGENCY CARD**

MEDICAL ALERT - SEE OTHER SIDE

(Complete every school year)

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)

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. _____	_____

IMPORTANT: PLEASE COMPLETE OTHER SIDE OF CARD

(over)

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Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
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1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

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(over)

**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 \_\_\_\_\_

**\*\*\* For High Schools Only \*\*\***

**MILITARY EXEMPTION (students 16 years old and above only):** I **do not** want the District to release "directory information" (including name, home address, and home telephone number) for the secondary student named on this card to military recruiters for this school year.

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

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

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