Student's Legal Name – Last:	First:	Middle Initial:	Home Phone:
Date of Birth:	Sex:	Current Grade: **KINDERGARTEN**	School: **CESAR CHAVEZ ELEM.**

PARENT/GUARDIAN INFORMATION #1	
Name:	Home Phone:
Address:	Work Phone:
Employer:	Cell Phone:
PARENT/GUARDIAN INFORMATION #2	
Name:	Home Phone:
Address:	Work Phone:
Employer:	Cell Phone:
PARENT/GUARDIAN INFORMATION #3	
Name:	Home Phone:
Address:	Work Phone:
Employer:	Cell Phone:
If parents cannot be reached in an emergency, cal (neighbor, relative, friend). **Name <u>two</u> if possible**.)	
Name:	Phone:
Name:	Phone:

MEDICAL INFORMATION	
Physician/Medical Group:	Address:
Medical Group ID#:	Physician Phone:
Local Dentist:	Dentist Phone:
If your physician is not located in Davis, please name a local physician or facility where your son/daughter may be taken for emergency care:	
Davis Physician/Facility:	Phone:
Subject to any condition which may result in an emergency, such as (SPECIAL INSTRUCTIONS, IF ANY)	
Epilepsy:	Asthma:
Fainting Spells:	Diabetes:
High Blood Pressure:	Heart Condition:
Allergic Reactions, including insect stings, extent of reaction (PLEASE GIVE DETAILS FOR CARE):	

Other known problems or medical information:	Speech:	Vision (glasses or contacts?):	Hearing Loss (Hearing aid?):
Orthopedics:	Bleeding Tendency, etc.:	Please explain:	
Does your child take routine medications? ☐ Yes ☐ No			
Name of Medication:		Anticipated reaction, if any:	

<u>Parent/Guardian Consent</u>

In the event of an accident or other emergency, when I/we are unavailable, I/we hereby authorize a representative of the school to make such arrangements as he/she considers necessary for our son/daughter to receive medical or hospital care including necessary transportation. Under such circumstances, we further authorize the physician/dentist named to undertake such care and treatment of my/our son/daughter as he/she considers necessary. In the event that said physician is not available at the time, I/we authorize such care and treatment to be performed by any licensed physician or surgeon.

THE UNDERSIGNED HEREBY AGREE TO THESE PROCEDURES AND FURTHER AGREE TO BEAR ALL ACCIDENT/EMERGENCY COSTS INCURRED AS A RESULT OF THE FOREGOING:

_____ _____

Signature of Parent(s)/Legal Guardian **Date**

* * If you choose not to sign the top line we need to have specific instructions, including addresses and phone numbers of medical personnel and facilities that you want contacted in case of emergency. You also agree to bear all costs incurred as a result of these instructions. Please attach sheet.

_____ _____

Signature of Parent(s)/Legal Guardian Date