

Student Name: _____ Date of Birth: _____

BAND STRINGS Last First Middle
 HIP HOP ART
 CHORAL/MT
 CERAMICS

**Pleasant Valley School District
Student and Emergency Card Information
2011- 2012**

School: _____
Grade: _____

Male Female
Student resides with: Both Parents Mother Father Joint Custody Guardian

Home Address: _____ Phone: _____
Street City Zip Code

Home E-mail Address: _____

Father/Guardian Name: _____ Home: _____
Address: _____ Cell: _____
Employer: _____ Work #: _____
 Father Step-Father Guardian Father E-mail Address: _____

Mother/Guardian Name: _____ Home: _____
Address: _____ Cell: _____
Employer: _____ Work #: _____
 Mother Step-Mother Guardian Mother E-mail Address: _____

In the event of illness, medical emergency or disaster and parent/guardian cannot be reached, a school official may call the following **local stepparent, friends, relatives, or adult siblings** (18 or over) who are authorized to take responsibility for student's care: **(For DISASTER release, please include the names of local authorized neighbors, carpool drivers (vans, buses or day care) who routinely pick up your child.)**

Illness / Emergency / Disaster Release

- 1. Name: _____ Relationship _____ Phone/cell #: _____
- 2. Name: _____ Relationship _____ Phone/cell #: _____
- 3. Name: _____ Relationship _____ Phone/cell #: _____
- 4. Name: _____ Relationship _____ Phone/cell #: _____

Brothers and Sisters of Student

Name	DOB	School	Name	DOB	School

Please complete the health history information requested below; check (✓) all that apply.

- Allergies
- Asthma
- Serious Bee Sting Allergy
- Diabetes
- Heart Problems
- Seizures
- ADD/ADHD
- Wears Hearing Aids
- Wears Glasses/Contacts
- Handicapped: Describe _____
- Hearing Concerns: Describe _____
- Vision Concerns: Describe _____
- Student Takes Medication: List Medications _____
- Other Health Concerns:** _____
- Any Physical Education Restrictions: Describe (Doctor's note required) _____

Student's Physician: _____ **Phone:** _____

On occasion, refreshments for students may be provided. Permission is needed before we can offer refreshments to your child...
 My child has permission to accept refreshments provided during band. Please list any allergies above.

- In the event of an illness or injury, I hereby authorize school officials to obtain emergency transportation and treatment on the student's behalf.
 - I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. A Student Accident Policy is available to all students for a nominal fee.
 - I will promptly notify the school when information on this form changes, including taking medication during the school day.
 - Consent to share health information with school staff as appropriate.
- MY SIGNATURE ACKNOWLEDGES ALL THE ABOVE**

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

Student Name: _____
Last Name _____
First Name _____
Date of Birth _____