BONITA UNIFIED SCHOOL DISTRICT - EMERGENCY/HEALTH INFORMATION

STUDENT'S LEGAL NAME: _____ ☐ Boy ☐ Girl
Last First MI

Birthplace: City _____ State_____ Country_____
Birthdate: _____/_____/_____Age:_____ Grade: _____

Address: _____Apt/Sp#_____City: _____Zip: _____Home Phone # ( ) _____

_____	_____
Student Lives With (Name) Relationship	Student Lives With (Name) Relationship
_____	_____
Employers Name:	Employers Name:
_____	_____
Work Number With Extension #	Work Number With Extension #
( )_____( )_____	( )_____( )_____
Pager Number Cell Phone Number	Pager Number Cell Phone Number

List in order of preference to whom you want your child released when you are not available.

_____
Name # 1 Address Day time Phone #

_____
Name # 2 Address Day time Phone #

_____
Name of Medical Care Provider Medical Group #

Indicate Your Child's Medical Problems.

	Yes	No		Yes	No
ADD/ADHD	☐	☐	Epilepsy/Seizures (date of last seizure)	☐	☐
Allergies	☐	☐	Fainting Spells	☐	☐
Asthma	☐	☐	Glasses/Contacts (circle)	☐	☐
Bee Sting/ Insect Bite Allergy	☐	☐	Hearing Problems (circle: left/ right)	☐	☐
Chicken Pox	☐	☐	Heart Problems	☐	☐
Counseling	☐	☐	Osgood Schlatter Disease	☐	☐
Diabetes	☐	☐	Skin Disorder	☐	☐

Significant Medical Problems: (describe) _____

List Surgeries/Hospitalization: (past 5 years) _____

List All Medication including Dosage: _____

I HEREBY AUTHORIZE AN EXCHANGE OF CONFIDENTIAL MEDICAL INFORMATION TO THE SCHOOL STAFF YES ☐ NO ☐ INITIALS _____
California Education Code 49076 Civil Code 56.10 and Health Insurance Portability and Accountability Act (H.I.P.A.A.) of 1996

I GIVE THE SCHOOL PERMISSION TO BILL MEDI-CAL/HEALTH INSURANCE FOR MEDICAL SERVICES RENDERED AT SCHOOL YES ☐ NO ☐

A COPY OF THIS CARD WILL BE GIVEN TO THE PARAMEDICS WHEN THEIR EMERGENCY SERVICES ARE REQUIRED. I GIVE PERMISSION FOR ANY NECESSARY TREATMENT /MEDICATION TO BE ADMINISTERED TO MY CHILD BY THE ATTENDING PHYSICIANS/NURSES/HOSPITAL/PARAMEDICS.

_____	_____	_____
Date	Signature: Father/Legal Male Guardian	Signature: Mother/Legal Female Guardian

Healthy Children Learn Better