

**CENTRAL VALLEY SCHOOL DISTRICT**  
**CIRCLE SCHOOL: HS MS TODD LANE PRIMARY CENTER**  
**EMERGENCY PROCEDURE CARD**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
LAST FIRST MIDDLE NAME Homeroom: \_\_\_\_\_  
Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET (APT. #) CITY ZIP CODE

Student Lives with Parent, Guardian, Other: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
LAST FIRST Cell Phone: (\_\_\_\_) \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_

***NAMES OF PERSONS TO CONTACT IF PARENTS ARE UNAVAILABLE:***

Alternate Contact Person #1: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
NAME RELATIONSHIP PHONE #

Alternate Contact Person #2: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
NAME RELATIONSHIP PHONE #

Alternate Contact Person #2: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
NAME RELATIONSHIP PHONE #

Names of Siblings and Grade Level In School District: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Please inform school nurse, of all health conditions, allergies and medications:

Do you give permission to share this information with your child's teachers? Yes \_\_\_\_\_ No \_\_\_\_\_

No medicines will be given without a physician's order, parent permission and the original medicine bottle.

**SCHOOL EMERGENCY PROCEDURES**

By signing this card, you give your permission to share any health-related information regarding your child with any appropriate school personnel. Your schools have adopted the following procedures in caring for your child when he/she becomes sick or injured at school:

*In case of emergency and/or need of medical or hospital care:*

1. The school will call the home. If there is no answer ...
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer ...
3. The school will call the alternate telephone number(s) listed.
4. If none of the above answer, the school will call an ambulance and/or paramedics, if necessary, to transport the child to a local medical facility.
5. The school will continue to call the parents and/or guardian until one is reached.

**HEALTH EXAMINATIONS:**

**Physical and dental exams are required by the State.** Your child will be given private forms to be completed by your physician or dentist. If these forms are not returned to us, we will schedule your child as follows:

- Physical Exams:** Kindergarten or Grade 1, Grade 6 and Grade 11  
**Dental Exams:** Kindergarten or Grade 1, Grade 3 and Grade 7  
**Scoliosis Exams:** Grade 7 (These exams will be done by the school nurse).

If your child has allergies or any physical problems, please indicate this to us.

If your child is absent at the time of these exams, he/she will be scheduled the following school year. Your signature below will give permission to do these exams.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume any expenses for moving and medically treating this student.

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

\_\_\_\_\_  
DATE