



JEFFERSON UNION HIGH SCHOOL DISTRICT
STUDENT EMERGENCY CARD

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_ Pronoun: [ ]She [ ]He [ ]They

HEALTH

Vision and Hearing: (Check all that apply)
[ ] None
[ ] Wears glasses [ ] Wears contacts [ ] Hearing loss [ ] Wears hearing aid(s) [ ] Other \_\_\_\_\_

Health Conditions: (Check all that apply)
[ ] Allergies [ ] Anaphylactic reactions [ ] Seizures [ ] Diabetes: Type \_\_\_\_\_
[ ] Heart condition [ ] Migraine condition [ ] Thyroid condition [ ] Mental health condition
[ ] Other condition(s): \_\_\_\_\_
[ ] Notes about health condition(s): \_\_\_\_\_

Medication(s) Medications to be taken at school require a physician-signed Authorization to Administer Medication at School form\*.
(medication as defined by California Law, Regulations and EDCODE 49423 is defined as both prescription and over-the-counter medication)
\*Forms are available at your school site's office or website and the JUHSD district website. (Check all that apply):
[ ] Does not routinely require ANY medication (at home or school) [ ] May require emergency medication for above health condition.
[ ] Requires routine medication (at home ONLY)
[ ] Requires routine medication (during school hours) [ ] Requires as needed medication (during school hours)

EMERGENCY CONTACTS

Table with 4 columns: Name(s), Phone, Alt. Phone, Relationship. Contains 3 empty rows for contact information.

CONSENT

I, the undersigned legal parent of guardian of the student name above (a minor) do hereby authorize and consent to any x-ray examination anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon or dentist under the provisions of the Medical Practice Act, or Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authorization and power for the physician/surgeon/dentist to render care which in his/her best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

It is the responsibility of the parent/guardian to immediately notify the school in writing of any changes in the information on this card. A new card must be submitted every school year.

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