

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

**Pleasant Valley School District  
Student and Emergency Card Information  
2023- 2024**

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.**

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Handicapped: Describe _____  |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Hearing Concerns: Describe _____   |
| <input type="checkbox"/> Serious Bee Sting Allergy | <input type="checkbox"/> Vision Concerns: Describe _____  |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Student Takes Medication: List Medications _____                             |
| <input type="checkbox"/> Heart Problems            | <input type="checkbox"/> <b>Other Health Concerns:</b> _____  |
| <input type="checkbox"/> Seizures                  | _____   |
| <input type="checkbox"/> ADD/ADHD                  | <input type="checkbox"/> Any Physical Education Restrictions: Describe (Doctor's note required) _____ |
| <input type="checkbox"/> Wears Hearing Aids        | _____   |
| <input type="checkbox"/> Wears Glasses/Contacts    | <b>Student's Physician:</b> _____ <b>Phone:</b> _____   |

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