WESTERN SIERRA CHARTER SCHOOLS
MOUNTAIN HOME CHARTER SCHOOL

EMERGENCY PROCEDURE and ADDRESS CARD

STUDENT'S NAME_____BIRTHDATE_____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street) (City) (Zip)

HOME ADDRESS: _____
(Street) (City) (Zip)

HOME PHONE: (____)_____

STUDENT HEALTH: It is important that we inform emergency personnel of any medication your child is currently taking, and any medical conditions and / or allergies.

____Allergy (specify):_____

____Diabetes ____Bee sting reaction (anaphylaxis/Epi-pen) ____ Chicken Pox (at age ____)

____Epilepsy ____Heart problems ____Asthma ____ Eye problems

____Other condition_____

IF THIS CHILD HAS A SERIOUS HEALTH PROBLEM PLEASE DESCRIBE AND PROVIDE INSTRUCTIONS FOR THE SCHOOL: _____

_____

PLEASE SUBMIT A "MEDICATION AT SCHOOL FORM" SIGNED BY YOUR CHILD'S PHYSICIAN TO THE SCHOOL SECRETARY IF YOUR STUDENT WILL BE TAKING MEDICATION WHILE AT SCHOOL:

Medication Name	Dosage	Reason for medication

EMERGENCY CONTACTS: I authorize the release of my child to the following people and give them permission to verify absences for my student. Persons listed must be over 18:

Mother/Guardian at: Home: (____) _____ Work: (____) _____

Cell: (____) _____ Other: (____) _____

Father /Guardian at: Home: (____) _____ Work: (____) _____

Cell (____) _____ Other: (____) _____

Friend / Relative (name) _____Phone: (____) _____

Friend / Relative (name) _____ ___ Phone: (____) _____

Family Physician (name) _____Phone: (____) _____

IF YOU ARE UNABLE TO REACH ME DURING AN ILLNESS, ACCIDENT OR MEDICAL EMERGENCY, I HEREBY AUTHORIZE ANY EMPLOYEE OF MOUNTAIN HOME SCHOOL CHARTER TO SEEK MEDICAL ATTENTION FOR MY CHILD. I UNDERSTAND THAT WESTERN SIERRA CHARTER SCHOOLS, ITS OFFICERS AND EMPLOYEES ASSUME NO LIABILITY OF ANY NATURE IN RELATION TO THE TRANSPORTATION OR TREATMENT OF THE ABOVE STUDENT. I FURTHER UNDERSTAND THAT ALL COSTS OF PARAMEDIC TRANSPORTATION, HOSPITALIZATION, AND ANY EXAMINATION, X-RAY OR TREATMENT PROVIDED IN RELATION TO THIS AUTHORIZATION SHALL BE BORNE BY THE PARENT/GUARDIAN.

PARENT/GUARDIAN: _____DATE:_____