# LIBERTY HIGH SCHOOL
# EMERGENCY CARD

| Student Last Name: | Student First Name: | Middle Initial: |
|---|---|---|

| Address: Is this a change of address from last school year?<br>Yes   No | City | | Zip | Phone |
|---|---|---|---|---|

| School | Year<br>**2018-2019** | Grade | Birth Date | Non Binary<br>Sex:  ☐ Male     ☐ Female |
|---|---|---|---|---|

| Parent/Guardian | Address (if different) | City/Zip | Relationship |
|---|---|---|---|

| Mother's Name | Mother's Occupation | Mother's employer | Work #<br>Cell # |
|---|---|---|---|
| Father's Name | Father's Occupation | Father's employer | Work #<br>Cell # |

Physician/Practitioner_____Phone_____

Medical Card # _____

Dr. Address: _____

Hospital: _____

**Special Health Considerations**

1. _____

2. _____

3. _____

**IF YOU CANNOT BE REACHED, LIST FOUR PERSONS WHO WILL BE AVAILABLE IN CASE OF EMERGENCY OR DISASTER**

| Name | Relationship | Address/City | Phone |
|---|---|---|---|
| 1. | | | (    ) |
| 2. | | | (    ) |
| 3. | | | (    ) |
| 4. | | | (    ) |

Parent E-Mail Address _____          Student E-mail Address _____

**Dear Parent/Guardian:**

The following information is desired for use in the event that your child becomes ill or is injured while at school or in case of an impending or actual disaster and you cannot be reached. In cases of minor nature, first aid will be administered. It is understood that the instructions given on this card will remain in force until revoked by the parent or guardian.

Indicate the action you want the school to take if the injury or illness is of a serious nature:

1. Child should be placed in care of personal physician (as shown on reverse side).     **Yes** ☐     **No** ☐

   Child should be placed in care of Christian Science practitioner (as shown on reverse side).     **Yes** ☐     **No** ☐

2. If physician/practitioner cannot be reached immediately, what action should be taken? _____

   _____

3. In the event of injury to the mouth or teeth. List family dentist. Name: _____

   Address: _____     Phone: _____

Form continued on back –

# PHYSICAL EDUCATION REQUIREMENT

The State of California (E.C. 51222) states that every school child is required to take physical education unless legally exempt under E.C. 51241or E.C. 51246.  When there is a legitimate reason for a student to be excused from physical education for one week or less, please send a note by the student to the health office.  Any time an excuse will exceed one week, a form must be completed and signed by a physician.

Is there any reason why this student should not participate in the regular physical education program?  **Yes** ☐    **No** ☐

If "**Yes**", please provide doctor's excuse and state reason: _____

# DEMOGRAPHIC INFORMATION

1. **Parent Education Level:**
   Please check the highest level of education obtained by any parent/guardian:

   **Check one only**
   ☐ [14] Not a high school graduate
   ☐ [13] High school graduate or GED
   ☐ [12] Some college/Associate's Degree
   ☐ [11} College Graduate – Bachelor's Degree
   ☐ [10] Advanced college degree/graduate school – Master's Degree or higher

2. **Correspondence language:** _____

3. **Primary parent email address for all school correspondence:** _____

4. **Name of the parent(s)/guardian(s) with whom the student lives:**

   | Name: | Relationship: |
   |---|---|
   | Name: | Relationship: |

5. **If shared custody, please list the name and contact information for the alternate parent/guardian:**

   | Name: | Address: |
   |---|---|
   | Home # | Cell # |

6. **Siblings:**

   | Name | Grade | Sex | Birthdate | School |
   |---|---|---|---|---|
   | 1. | | | | |
   | 2. | | | | |
   | 3. | | | | |