Loomis Union School District
3290 Humphrey Road, Loomis CA 95650
(916) 652-1800 (916) 652-1809 Fax

Emergency Card

If you are returning from the previous school year, has any information changed? ☐ Yes ☐ No
All students must return a completed emergency card to the school office annually.

Student Name_____Home Phone _____
(Last) (First)
M ( ) F ( ) Grade_____ Birth date_____

Street Address _____ Town_____ Zip _____

Mailing Address_____ Town_____ Zip _____

Father or Step Father Name (living in the home)_____

Work Phone_____ Cell Phone_____

E-mail _____

Mother or Step Mother Name (living in home)_____

Work Phone_____ Cell Phone_____

E-mail_____

Father or Mother Name (if ***NOT*** living in the home)_____

Work Phone_____ Cell Phone_____

Address:_____

E-mail_____

By providing my e-mail address above, I agree to receive pertinent information generated from the school and district offices.

If I cannot be reached in an emergency (accident, illness), I hereby grant permission for my child to be released from school to the contact person(s) listed below:

1) _____Phone_____ Relationship_____

2) _____Phone_____ Relationship_____

3) _____Phone_____ Relationship_____

After School Day Care Provider_____Phone_____

Is there a current legal agreement related to this student (i.e., custody agreement, restraining order)? If yes, please provide legal documents to the school office. _____Yes _____No

Family Physician_____ Phone_____

What action is to be taken if a complication is due to an allergic or health condition?_____

_____

In case of accident/emergency, *if parent or guardian cannot be reached*, I authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian Signature: _____ **Date**_____