

**STOWERS MAGNET SCHOOL OF INTERNATIONAL STUDIES
EMERGENCY AUTHORIZATION/HEALTH INFORMATION**

Last Name _____ First Name _____ M F

Address _____

Home Phone _____ Birthdate _____

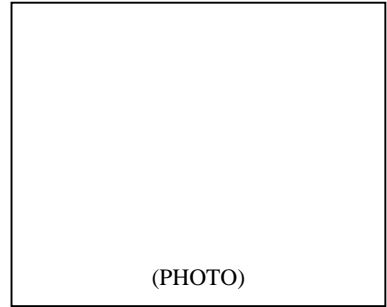
Height _____ Weight _____ Hair _____ Eyes _____

Father's Name _____

Mother's Name _____

Guardian Name _____

Resides with _____ Teacher _____ Grade _____



Parent Email Address: _____

In order for us to provide for your child in the event of a **DISASTER** or other emergency, we are asking you to **complete** this form, sign it and **return** it to school immediately.

Father's Employer _____ Work Phone _____ Cell Phone _____

Mother's Employer _____ Work Phone _____ Cell Phone _____

Guardian's Employer _____ Work Phone _____ Cell Phone _____

Authorization for Release: In the event you cannot be contacted, list 3 people to whom you would be willing to have your child released.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

NOT TO BE RELEASED TO: _____ **(RESTRAINING ORDER)**

HEALTH INFORMATION: Within the past school year, has your child had any serious injuries, illnesses or surgeries?

Yes _____ No _____ If so, describe: _____

Does your child have a chronic health problem? Yes _____ No _____ If so, describe: _____

Does your child have a vision or eye problem? Yes _____ No _____ Date of last exam: _____

Examiner's recommendations: _____

Is your child taking medication either at home or school? Yes _____ No _____ Medication: _____

Dosage _____ Purpose _____

Prescribing Physician _____ Physician Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: In the event you cannot be contacted and your child is in need of emergency medical attention, do you authorize medical treatment for him/her? Yes _____ No _____ Do you have health insurance? Yes _____ No _____ Insurance Carrier _____ Policy # _____ Medi-Cal? Yes _____ No _____ Name of medication your child is allergic to (if any) _____

My child is allowed to be photographed or videotaped Yes _____ No _____

I understand that the ABC Unified School District does not provide health and accident insurance for students but that student insurance may be purchased through the school office.

Parent/Guardian Signature _____ Date _____

For school use only - Released to:

Print Name _____ Signature _____ Date _____ Time _____

Print Name _____ Signature _____ Date _____ Time _____

Stowers Elementary

Disaster Preparedness Program

The Stowers disaster preparedness program includes: monthly fire/earthquake drills, a staff coordinating team to direct operations, basic supplies for a 48-hour period, and an outdoor container for storage of emergency tools and supplies. **Parents are responsible for:** keeping the **school emergency form updated** (students will **NOT** be released to anyone other than those individuals named on the emergency form) and to advise your child to either continue on to school or to return home immediately should a disaster occur to or from school.

As part of our disaster preparedness program, we are asking you to prepare and send some of the items listed below to keep at school. These items will become a part of our **48 hour survival supplies**. Hopefully, it will not become necessary to use these supplies; however, your child's care and safety are our primary concern.

FOR EACH STUDENT: One (1) gallon zip lock bag. Please write your child's first and last name, grade, and room number on the **OUTSIDE** of your child's bag. Use a permanent marker, ball point ink pen, or a piece of masking tape to label the bag. **Bags must be sealed.**

The following is a suggested list of non-perishable food items to include.

All items must fit inside the one gallon, zip lock bag:

Beef Jerky	Fruit Rolls	3- (6oz) boxes/plastic bottles of water
Peanuts	Raisins	Canned Fruit Cups (flip top)
Granola Bars	Dried Fruit	Sunflower seeds
Trail Mix	Camping Food	Fruit Juice

Optional Items: A hand-written note to your child to reassure him/her or a family photo. These items must also fit into the one gallon zip lock bag. Please, **NO** crayons – they may melt. Also no food containers with foil tops (like applesauce) can puncture and ruin the contents of the zip lock bag.

Survival supplies are most important. **No** chocolate or other foods that may melt. The survival bag will be returned to your child in June.

Please write your child's name, teacher name, and room number on your child's zip lock bag with a permanent ink pen.

- **EMERGENCY AUTHORIZATION/HEALTH INFORMATION CARD: COMPLETE THE INFORMATION ON THE BACK.** The purpose of this information is to use it for quick identification reference during an emergency/disaster situation. The card will be used to identify your child and will help in taking attendance, administering first aid, and releasing your child to an adult who you designate. When listing 3 local adults (in addition to parent/guardian) to whom you designate to have your child released, please keep in mind that, in the event of an earthquake, people may only be able to walk to our school. Please keep the information on the emergency cards updated and current.



TURN OVER