

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT -
STUDENT INFORMATION AND EMERGENCY CARD**

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK GRADE _____ M F Birth date _____

Student's Last Name _____ First _____ Middle Initial _____ Best Daytime Phone # Student's _____

Primary Address _____ City _____ Zip Code _____

E-mail address _____ Home Phone # _____

Mailing Address (If different from above) _____

Student lives at primary address with: (Check ONLY ONE) Both Parents Mother Only Father Only Shared Custody Guardian

IF SHARED CUSTODY: EACH parent must complete a separate Emergency Card: (Check days student is at primary address) M T W Th F Sa Su

Student's Secondary Address (If applicable) _____ (Check days student is at secondary address) M T W Th F Sa Su

**DO NOT
WRITE IN
THIS SPACE**

FAMILY INFORMATION:

	<u>Employer/Occupation</u>	<u>Work/Daytime #</u>	<u>Mobile #</u>
Father _____	_____	_____	_____
Stepfather _____	_____	_____	_____
Mother _____	_____	_____	_____
Stepmother _____	_____	_____	_____
Guardian _____	_____	_____	_____

Sibling _____	School _____	Grade _____	Age _____	Birthdate _____
Sibling _____	School _____	Grade _____	Age _____	Birthdate _____
Sibling _____	School _____	Grade _____	Age _____	Birthdate _____

HEALTH INFORMATION:

In the event of a medical emergency, if I cannot be reached, I give consent for my child to be transported to a medical facility for emergency care and to receive medical attention from a physician or dentist.

Initials for Consent _____

HEALTH CONCERNS (Check as many as apply) none seizures medications allergies other

Please describe: _____

Physician: _____ Address: _____ Telephone: _____ Dentist: _____

_____ Address: _____ Telephone _____

Is student covered by Health insurance? No Yes _____ Dental insurance? No Yes _____

Name of Plan _____ Name of Plan _____

EMERGENCY CONTACT: Please authorize at least 3 persons/families (that live or work in Malibu) to pick up your child **during** school hours for any reason including illness or school emergency.

Name	Relationship	Address	Home/Daytime #	Mobile #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHILD CARE/NANNY/BABYSITTER OR ADDITIONAL EMERGENCY CONTACT

Name	Relationship	Address	Home/Daytime #	Mobile #
_____	_____	_____	_____	_____

It is the parent's responsibility to report to the school office any changes of address or telephone numbers at home or at work. In the event your child becomes ill or injured at school or any other emergency situation exists, the information on this card is critical.

Yes No I authorize my child to attend all field trips during the school year.

Yes No I authorize the release of photos and videos of my child for school-related media during the school year.

Yes No I authorize the release of my child's address and telephone # for the purposes of a school directory and class rosters.

Print Name _____

Parent/Guardian Signature _____

Date _____