

(Please Print)

NAPA VALLEY UNIFIED SCHOOL DISTRICT Student Emergency Information

For Office Use Only	
Date Enrolled	_____
Date Transferred	_____
Destination	_____

Student's Last Name		First	M.I.	Boy ↑ (Choose One)	Girl	Birth date	Grade
Street Address (If this is a new address, please check here <input type="checkbox"/>)				Zip Code	Home Telephone Number		
Mailing Address (If different from Street Address)		City	Zip Code	Preferred Mobile Telephone Number			
Student Lives With: Name (include maiden/former name if applicable)				Contact Number	OK to text Mobile Number? Yes ___ No ___		
<input type="radio"/> Parent <input type="radio"/> Step <input type="radio"/> Foster <input type="radio"/> Guardian							
Parent #1/Guardian #1 (include maiden/former name if applicable)				Parent #2/Guardian #2 (include maiden/former name if applicable)			
<input type="radio"/> Parent <input type="radio"/> Step <input type="radio"/> Foster <input type="radio"/> Guardian <input type="checkbox"/> Lives in Home <input type="checkbox"/> Does not live in Home				<input type="radio"/> Parent <input type="radio"/> Step <input type="radio"/> Foster <input type="radio"/> Guardian <input type="checkbox"/> Lives in Home <input type="checkbox"/> Does not live in Home			
Address		Contact Number with Area Code		Address		Contact Number with Area Code	
Place of Employment & Telephone Number				Place of Employment & Telephone Number			
E-mail Address				E-mail Address			

PLEASE LIST THE NAMES OF PEOPLE WHO MAY BE CONTACTED IN CASE OF AN EMERGENCY WHEN WE ARE UNABLE TO REACH YOU

Emergency Contact (May be released to this person ___ Yes ___ No)	Address	Telephone
Emergency Contact (May be released to this person ___ Yes ___ No)	Address	Telephone
Emergency Contact (May be released to this person ___ Yes ___ No)	Address	Telephone
Child Care Provider and/or Emergency Contact	Address	Telephone

Health Insurance: ___ Yes ___ No Dental Insurance: ___ Yes ___ No

Insurance Information: Healthy Families #: _____ Kaiser #: _____ Medi-Cal #: _____

Private (Name/#): _____ Insurance Unknown: _____ Dental Insurance _____

Name of Health Doctor _____ Name of Dentist _____

Does your child have any of the following:

Bee sting allergy or reaction ___ No ___ Yes; Epi-Pen Required ___ No ___ Yes

Food Allergy ___ No ___ Yes; What foods? _____ Epi-Pen Required ___ No ___ Yes

Asthma ___ No ___ Yes; Inhaler required at school ___ No ___ Yes

Other Important health conditions: Diabetes Heart Condition Seizures Other(List) _____

Medications required _____ Required at School Home only

If the child needs immediate medical attention, please contact: Dr. _____ Phone _____

EMERGENCY MEDICAL AUTHORIZATION Ed. Code 49407, 49408, 49409, 49414

In an emergency, due to serious illness or accident, I, the undersigned, do hereby authorize the Napa Valley Unified School District staff to use their best judgment in the interest of the health of the student named above.

This may also include the use of the epinephrine Auto-injectors (Epi-Pen) for anaphylactic reactions as authorized in AB559.

Parent/Guardian Signature: _____ Date: _____

Preferred Physician or Hospital: _____ Dentist: _____

An Emergency Care Card For this student is on file at _____
(Kaiser Hospital, Queen of the Valley Hospital, Doctor, etc.)

TRANSPORTATION AUTHORIZATION: Ed. Code 35350

The California Education Code, Section 35350 requires parent's or guardian's permission before students may be transported by the school district for any reason. Please complete the information required. Your cooperation is appreciated.

The Napa Valley Unified School District has my permission to transport the student named above in school district or other authorized vehicles.

Parent or Guardian Signature: _____ Date: _____

Siblings Name	Birth Date	Boy	Girl	Language Spoken At Home
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> English <input type="radio"/> Spanish
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Other _____
_____	_____	<input type="radio"/>	<input type="radio"/>	(List)

Parent #1/Guardian #1 Signature _____ Date _____

BOTH PARENTS MUST SIGN THIS FORM IF LIVING WITH THE STUDENT

Parent #2/Guardian #2 Signature _____ Date _____

BOTH PARENTS MUST SIGN THIS FORM IF LIVING WITH THE STUDENT

Student's Last Name

First

MI

(Escriba con letra de imprenta)

DISTRITO ESCOLAR UNIFICADO DELVALLE DE NAPA
Información de Emergencia del Estudiante

For Office Use Only
Date Enrolled
Date Transferred
Destination

Form fields for student information: Apellido del estudiante, Nombre, Inicial, Varón/Mujer, Fecha de nacimiento, Grado, Dirección, Código postal, Número de teléfono, etc.

INDIQUEN LOS NOMBRES DE PERSONAS CON LAS QUE PODAMOS CONTACTAR EN CASO DE EMERGENCIA CUANDO NO PODAMOS LOCALIZARLOS

Emergency contact information fields: Contacto de emergencia (Puede salir con esta persona), Dirección, Teléfono.

Medical information fields: Seguro Médico, Seguro dental, Información sobre el Seguro, Nombre del médico, Nombre del dentista, Alergias, etc.

AUTORIZACIÓN DE EMERGENCIA MÉDICA Código Educativo 49407, 49408, 49409, 49414

En caso de emergencia, debido a enfermedad grave o accidente, yo, el abajo firmante, autorizo por la presente al personal del Distrito Escolar Unificado del Valle de Napa a actuar en pro de la salud del estudiante mencionado arriba.

Emergency medical authorization signature and date fields: Firma del padre/tutor, Fecha, Médico u Hospital Preferido, Dentista.

UTORIZACIÓN DE EMERGENCIA DE TRANSPORTE: Código Educativo 35350

El Código Educativo de California, Sección 35350, requiere el permiso de los padres/tutores previo al traslado del estudiante por parte del Distrito Escolar por cualquier razón.

El Distrito Escolar Unificado del Valle de Napa tiene mi consentimiento para trasladar al estudiante cuyo nombre figura arriba en vehículos del distrito u otro vehículo autorizado.

Transportation authorization signature and date fields: Firma del padre/tutor, Fecha.

Form fields for siblings: Hermanos(as), Fecha de nacimiento, Varón/Mujer, Lenguaje hablado en casa.

Signature lines for Padre/Madre/Tutor-a #1 and #2.

Apellidos del Estudiante

Nombre

Segundo Nombre