



Atascadero Unified School District
Student Emergency/Information Card
Atascadero High School

New address? yes no

School Year: _____

Student's Legal Name: _____
Last First Middle AKA

Physical Address: _____

Mailing Address: _____

Phone: _____ Birth Date: _____ Grade: _____ Room: _____

Indicate in the box below the order in which you would like to be notified in case of an emergency.

Mother: Name: _____ Student resides with? yes no

Name of Employer: _____

Phone(s): _____
Home Phone Work Phone Cell/Pager

E-Mail: _____

Father: Name: _____ Student resides with? yes no

Name of Employer: _____

Phone(s): _____
Home Phone Work Phone Cell/Pager

E-Mail: _____

Step-parent/
Guardian Name: _____ Student resides with? yes no

Name of Employer: _____

Phone(s): _____
Home Phone Work Phone Cell/Pager

E-Mail: _____

PLEASE COMPLETE INFORMATION ON THE BACK SIDE

PERSONS TO BE CALLED IF PARENT/GUARDIAN CANNOT BE REACHED

Only those listed on this card may pick up your child. Use local phone numbers only.

Name: _____ Phone(s) : _____
(h=home w=work c=cell)

Name: _____ Phone(s) : _____
(h=home w=work c=cell)

Name: _____ Phone(s) : _____
(h=home w=work c=cell)

Medications taken during school hours: _____

All medications and completed medical forms must be kept in the school office

Allergies: _____

Health/medical problems/other concerns: _____

Student is covered by: Health Insurance Medi-Cal No insurance

Name of Physician(s): _____

Insurance Information:

Name of Insured: _____ Work/cell # _____

Place of Employment: _____

Insurance Company Name: _____ Pol. # _____ Grp. # _____

Address: _____

I would like to learn more about low-cost health insurance for my child through Medi-Cal and the Healthy Families program. Please call me.

Signature of Parent/Guardian _____ Date

It is the parent's legal responsibility to notify the school if any information on this card has changed. Ed. Code. 49408