

Old Town Academy
STUDENT EMERGENCY INFORMATION
PLEASE NOTIFY SCHOOL IMMEDIATELY IF THERE IS A CHANGE TO ANY INFORMATION
Please complete, SIGN AND DATE this form.

ALERT

- HEALTH CONDITIONS _____
- FOSTER YOUTH _____
- COURT ORDER* _____
**School must have current copy on file*

TEACHER _____
 HOME LANGUAGE _____
 HOME PHONE _____
 E-MAIL #1 _____
 E-MAIL #2 _____

ACTIVE DUTY IN U.S. MILITARY		
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian

STUDENT'S NAME _____ BIRTHDATE _____ / _____ / _____ M/F _____ GR _____
LAST FIRST INITIAL

ADDRESS _____ ZIP CODE _____
PHYSICAL STREET & MAILING

NAME OF FATHER/STEP-FATHER/GUARDIAN (child lives with) _____ (Area Code) + CELL PHONE _____ EMPLOYER NAME _____ (Area Code) + WORK PHONE _____

NAME OF MOTHER/STEP-MOTHER/GUARDIAN (child lives with) _____ (Area Code) + CELL PHONE _____ EMPLOYER NAME _____ (Area Code) + WORK PHONE _____

MOTHER'S MAIDEN NAME _____ STUDENT RELEASE PASSWORD _____

We ask that you list at least **TWO** persons in San Diego **OTHER** than parents/guardians listed above to call if parent cannot be reached who can transport child home or for medical help in an emergency. These individuals must have identification for verification and student release purposes. ** An early or late pick up of students requires valid picture ID of the parent, guardian, or authorized person. Prior approval is required from the custodial parent if the person picking up the student is a non-custodial parent, even if that person is listed below.

Students shall be released **during the school day** only to the custody of an individual if one of the following is met:

- The individual is the student's custodial parent/guardian.
- The custodial parent/guardian has identified an individual, to the school through oral or written communication, and the individual's identity has been verified by a school/district employee.

Students shall be released **after the school day** only to the custody of an individual if one of the following is met:

- The individual is the student's custodial parent/guardian.
- The individual has been authorized on the student's emergency card as someone to whom the student may be released when the custodial parent/guardian cannot be reached and the individual's identity has been verified by a school/district employee.
- The custodial parent/guardian has identified an individual, to the school through oral or written communication, and the individual's identity has been verified by a school/district employee.

1.	RESPONSIBLE PERSON	(First and Last Name)	Relationship to student	(Area Code) +	L Cell	L Home	L Work
2.	RESPONSIBLE PERSON	(First and Last Name)	Relationship to student	(Area Code) +	L Cell	L Home	L Work
3.	RESPONSIBLE PERSON	(First and Last Name)	Relationship to student	(Area Code) +	L Cell	L Home	L Work
4.	RESPONSIBLE PERSON	(First and Last Name)	Relationship to student	(Area Code) +	L Cell	L Home	L Work

Please also list sibling(s) full name(s), grade(s), and school(s). (List birth date(s) only if sibling(s) is not enrolled):

I hereby acknowledge receipt of information regarding my rights, and responsibilities, and protections, and that I have received a copy of my child's school handbooks.

My signature indicates I have read and filled out all information to the best of my knowledge. I further understand and will abide by the policies as described, as part of the collaborative process in the OTA Student-Parent Handbook

Signature of Parent or Guardian: _____ Date: _____
To make changes to your child's emergency card, please call and stop by the school office.

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2015-2016 ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF PARENTAL RIGHTS, RESPONSIBILITIES, PROTECTIONS NOTIFICATION, AND SCHOOL HANDBOOK

I understand that the requestor (school district) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's mandatory interim educational record. The information will be shared with individuals working at or with Old Town Academy for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

PARENT/GUARDIAN ACKNOWLEDGEMENT OF SPECIFIC SCHOOL ACTIVITIES NOTIFICATION

Old Town Academy is authorized to allow my child to appear on video, on a web site, or in print for journalistic purposes. Yes No

Old Town Academy must have parent permission to release/provide directory information to the news media, interested schools, parent-teacher associations, and similar parties. Directory information is: a student's name, a birth date, birth place, address, telephone number, grade level, photograph, and dates of attendance (year only).

Old Town Academy is authorized to release directory information for this student. Yes No

HEALTH INFORMATION

Table with 4 columns: Name of Family Physician, Address, Phone Number, Fax Number

1. Does the student have health insurance? Yes No
Type of Health Insurance-List Provider/s here:

The district does not provide medical insurance for student injuries but makes voluntary student insurance available.

IN AN EMERGENCY MEDICAL PERSONNEL WILL BE CALLED AND YOUR STUDENT MAY NEED TO BE TRANSPORTED BY AMBULANCE.

2. Health History check all that apply and explain below

- Checkboxes for: Serious Injuries/Dates, Seizures/Dates, Surgeries/Dates, Diabetes, Bee Sting Allergy, Needs Insulin, ADHD/ADD, Developmental Delay, Emotional/Psychological Needs, Vision Problem, Wears Contacts, Wears Glasses, Food Allergy, Mild, Requires Epi-pen, Orthopedic Problem, Hearing/Ear Problem, Heart Condition, Asthma, Mild, Requires Inhaler, Other Allergies-Specify, Mild, Requires Epi-pen

Other

Explanations:

3. Present Health Information -

State law requires that the parent/guardian of any public school pupil shall inform the school of any continuing medication being taken by the pupil. Students are not allowed to transport any type of medication to/from school unless allowed by their doctor (including over-the-counter medicines). Please call your school for a Medical Authorization and Plan Form and information.

Does the student take medication? Yes No During school hours? Yes No

List kind(s) and reason(s):

Does the student have a condition which prevents participation in regular physical education? Doctor verification must be provided. Yes No If yes, explain: