

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM EMERGENCY CARD

S.S. 27
Rev. 8/13

School Session: _____

Grade: _____ Homeroom: _____

TRANSPORTATION AS INDICATED BELOW:

- CHILD CARE
- AM
- PM
- BUS # _____
- WALKER
- CARPOOL

----- (PARENT COMPLETE INFORMATION BELOW) -----

Student's Name _____ Student's Birth Date _____ Student's Gender _____

Last
First
Middle

Student's Address _____

House #
Street
Apt.#
City
State
Zip

Student's Ethnicity: Is your child Hispanic/Latino? _____ Student's Primary Ethnicity _____

Is your child from one or more races? Check all that apply

- American Indian/Alaska Native
- Asia
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

1. Parent/Guardian Name _____ Relationship _____ Does student live w/Guardian 1? _____

E-Mail _____ Place of Employment _____

Phone Numbers: Home _____ Cell _____ Work _____

2. Parent/Guardian Name _____ Relationship _____ Does student live w/Guardian 2? _____

E-Mail _____ Place of Employment _____

Phone Numbers: Home _____ Cell _____ Work _____

SCHOOL OFFICIALS MAY CALL THE FOLLOWING PERSONS IF I CAN'T BE REACHED SHOULD MY CHILD BECOME ILL OR IS INJURED:

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Child's Doctor _____ Phone # _____

Does your child require Medication? Yes No If Yes, please list _____

Will your child take medication during school hours on a regular basis? Yes No

Does your child have physical defects or disabilities (check all that apply)

- Asthma
- Diabetes
- Epilepsy
- Heart Condition

Does your child have Allergies (Food, Medication, Other)? Yes If Yes, please list _____

No

Please check the type of health insurance your child has: Private Medicaid or LaCHIP None

Please list any other medical information you feel the school may need to know to better serve your child:

List Brothers/Sisters that attend this school:

NAME _____ GRADE _____ NAME _____ GRADE _____

NAME _____ GRADE _____ NAME _____ GRADE _____

Parent/Guardian's Signature: _____

In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact this doctor, the school may make whatever arrangements are necessary. Please note that your child will not be released to anyone other than those above unless other arrangements have been made. Medical/Health information provided above will be shared with appropriate school personnel to better meet your child's needs.