

EMERGENCY CARD

PLEASE PRINT

Travis Unified School District
2751 De Rode Drive, Fairfield, CA 94533-9710

Student Services
(707) 437-8214 Fax (707) 437-8254

School: _____ Grade: _____

Student Name: _____

Last

First

Middle

Current Address: _____ Sex: M F

City: _____ Zip Code: _____ Home Phone: _____

Birthdate: _____ Day Care Provider: _____ Phone: _____

Student resides with (please circle): Father Mother Stepfather Stepmother Guardian Foster Parent

Shared Custody _____ Military Rank (if applicable) _____

Non Resident Parent (Optional)

Name

Address

City

State

Zip Code

For Office Use Only

Teacher /Counselor _____

Traditional _____ Year Round _____

Confidential File 0

Legal File 0

Track _____

Student ID _____

IDA Yes _____ No _____

Guardian 1:

Guardian 2:

Place of Employment:

Place of Employment

Home Phone

Cell Phone

Home Phone:

Cell Phone:

Work Phone

Email

Work Phone:

Email:

IF YOU CANNOT BE REACHED, LIST LOCAL PERSONS AUTHORIZED TO ACT ON YOUR BEHALF

1. Name: _____ Relationship to Student: _____ Day Phone: _____

2. Name: _____ Relationship to Student: _____ Day Phone: _____

3. Name: _____ Relationship to Student: _____ Day Phone: _____

Other Children in Family (List Last Name if different)

First

Last (if different)

Grade

School

First

Last (if different)

Grade

School

1. _____ 3. _____

2. _____ 4. _____

Please circle if your child is OR has been enrolled in a: 504 Plan, Special Education Resource, Special Day Class, Speech, Other
If not enrolled at present, list date dropped: _____

Special Health Problems:

Prescribed Medication Taken:

Do you have health insurance? Yes _____ No _____ Don't Know _____

Insurance Company

The District does not provide medical, dental or accident insurance.
If you are interested in purchasing a low cost plan contact Pacific
Educators Inc. at www.peinsurance.com. Please read the Student
Benefits Plan Brochure to select the plan that best meets your needs.

Group # / Student Medical #

Physician:

Phone:

Dentist:

Phone:

If the listed persons cannot be reached, I give my consent for transportation and medical or dental treatment, including x-ray, examination, anesthetic, diagnosis, and hospital care to be rendered upon the advice of any licensed physician or dentist. By signing this card I understand that the Travis Unified School District does not provide medical, dental or accident insurance for students.

Signature of Parent/Guardian

Date

Additional information on back ☐

Name:

Last

First

Grade