

# JEFFERSON PARISH SCHOOLS EMERGENCY CARD

It's important we have your most updated home phone number and email address to ensure we can communicate school and district updates quickly and efficiently.

S.S. 27  
Rev. 5/12/21

School Session: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

TRANSPORTATION AS INDICATED BELOW:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> BUS # _____ |
| <input type="checkbox"/> AM         | <input type="checkbox"/> WALKER      |
| <input type="checkbox"/> PM         | <input type="checkbox"/> CARPOOL     |

-----PARENT COMPLETE INFORMATION BELOW-----

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ 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

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> White |
| <input type="checkbox"/> Asia                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |                                |

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 # \_\_\_\_\_  
 Student'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)

- |                                 |                                   |                                   |  |
|---------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Condition |
|---------------------------------|-----------------------------------|-----------------------------------|--|

Does your child have Allergies (Food, Medication, Other)?  Yes  No

If Yes, please list \_\_\_\_\_

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:

_____	_____	_____	_____
<small>Name</small>	<small>Grade</small>	<small>Name</small>	<small>Grade</small>
_____	_____	_____	_____
<small>Name</small>	<small>Grade</small>	<small>Name</small>	<small>Grade</small>

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.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_