

# German Pacific School San Diego - **EMERGENCY FORM**

STUDENT: \_\_\_\_\_  
 Last Name First Name Initial Male Female Date of Birth (Month/Day/Year)

Address Where the Student Resides Currently Apartment # City Zip Code School Grade

**Please check which Parent/Guardian should be contacted first**

**Legal Guardian 1**  relation \_\_\_\_\_ **Legal Guardian 2**  relation \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone # Cell # Home Phone # Cell #

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Current Address \_\_\_\_\_ Current Address \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_ Mailing Address (If different from above) \_\_\_\_\_

**ADDITIONAL CONTACTS: CONTACTS MUST BE LOCAL** – List contacts for **two adults** other than parent/guardian  
 If parent/guardian cannot be reached, we authorize the school staff to release the student to:

**1) Local Contact:** \_\_\_\_\_  
 Adult's Full Name Relationship to Student Home/Work # Cell #

**2) Local Contact:** \_\_\_\_\_  
 Adult's Full Name Relationship to Student Home/Work # Cell #

**MEDICAL INFORMATION: EC §49423**

Name of Student's Physician/Clinic: \_\_\_\_\_  
 Name Address Phone # Physician/Clinic

Name of Student's Dentist: \_\_\_\_\_

Name Address Phone# Dentist

I give my consent for school personnel to communicate with my son/daughter's physician/dentist  NO  YES

Does the student take continuing medication: NO  YES

Will it be necessary to take medication at school? NO  YES

List allergies, diseases, and any restrictions on physical activity:

\_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY:** In an emergency, I give my consent: For family physician , dentist, EMT, and/or hospital to provide emergency treatment to my son/daughter: NO  YES

Student has medical insurance? NO  YES  Medical insurance in: Father's name  Mother's name

Medical Insurance Carrier Policy Number / Group Insurance Contact Number/s

\_\_\_\_\_  
**Signature of Father / Guardian Date**

\_\_\_\_\_  
**Signature of Mother / Guardian Date**