

WEAVERVILLE ELEMENTARY SCHOOL

31020 State Hwy 3, Weaverville, California 96093-1000

Telephone: (530) 623-5533 FAX: 623-5548

PUPIL RECORD & EMERGENCY INFORMATION SHEET

Dear Parents:

It is once again time to update our records and emergency information. Thank you for your cooperation.

Student's Name: _____ Birthdate: _____ Grade: _____ Teacher: _____

P.O. Box: _____ Physical Address: _____ City & Zip: _____ Home Phone: _____

Ethnicity: _____ White _____ American Indian or Alaskan Native _____ Asian (Please specify _____) _____ Filipino
_____ Hispanic or Latin _____ Pacific Islander (Please specify _____) _____ African American or Black
_____ Decline to State

Resides with: Father _____ Mother _____ Stepfather _____ Stepmother _____ Other _____.

Father or Guardian: _____ Occupation: _____.

Employer: _____ Phone: _____ E-Mail: _____.
Education Level: _____.

Mother or Guardian: _____ Occupation: _____.

Employer: _____ Phone: _____ E-Mail: _____.
Education Level: _____.

After school care: _____ Phone: _____.

EMERGENCY INFORMATION: (Someone to contact when your child is ill or hurt and parent or guardian cannot be reached.)

Name: _____ Phone: _____ E-Mail: _____.

Name: _____ Phone: _____ E-Mail: _____.

Family doctor: _____ Phone: _____.

Health Plan/Insurance (I.E. Blue Cross): _____.

ID#: _____ Group#: _____.

Medications Used: _____.

Allergies to Medications: _____.

Other Allergies: _____.

Health problems: _____.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal guardian of _____, a minor, I hereby give authorization for medical diagnosis, treatment and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. I understand that I will be responsible for any expense incurred.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____.

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August 1, 2007

Dear Parents/Guardians:

It is extremely important for the school to have up-to-date information regarding addresses, phone numbers and emergency information in the event the school needs to get in touch with you regarding your child.

Please complete the "PUPIL RECORD AND EMERGENCY INFORMATION SHEET" located on the other side of this letter. Please be sure that your child returns this form to his/her teacher on the first day of school so that we can be sure of having the correct information on file.

If at any time during the school year, you make a change in your child care provider or if your home, business, or emergency numbers should change, please be sure to contact the school office or come in and fill out a new form.

Sincerely,

*Rosalind Morris
Principal*

RM:th