

**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, 2008*

*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*