

San Ramon Valley Unified School District  
Summer Programs

**EMERGENCY CARD**

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Complete one copy for each Summer School child will attend, sign and date form at bottom and bring on the first day child attends class.

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent First Name: \_\_\_\_\_ Daytime Phone/Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Parent Name: \_\_\_\_\_ Daytime Phone/Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

List health problems of particular importance: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT AGREEMENT**

Under ordinary circumstance, every effort will be made to make contact with parent(s) in case of illness or emergency. However, some situations dictate that the school must obtain permission from or turn the care of the child over to the adults who have been designated on this form. In the absence of these or any other specific directions, the school authorities are empowered to use their best judgment in the interest of the health and safety of the child.

In the event of a civil defense emergency, the undersigned gives permission for the child to be transported to a safe location, as determined by the school district or its designee, or be housed at a congregate care center until a parent, guardian or designee can assume responsibility for the child. Transportation may be by private car, school bus or other means of public transportation.

If my child is in need of medication, I will bring a current *Medications During School Hours* form signed by his/her doctor. I can get a copy of the *Medications During School Hours* form from a local school site or download a copy from the [www.srvusd.net](http://www.srvusd.net) web site (Summer Programs, Policies and Registration Information page) as long as the doctor's signature is dated after July 23, 2009 and the medication end date has not expired.

**PARENT GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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*This Section for District Use Only*

Current District Student    Incoming District Student    Out of District Student   Immunizations:  On file    Pending