MORELAND SCHOOL DISTRICT
AUXILIARY PROGRAMS

MORELAND EXTENDED DAY PROGRAM EMERGENCY INFORMATION

4711 Campbell Avenue, San Jose, CA 95130 • Phone: (408) 874-2900
Fax: (408) 874-3753 • Website: www.moreland.org

Child's Last Name _____ Child's First Name _____ Gender (m/f) _____ Date of Birth mm/dd/yy _____

Mother's/Guardian's Information

Last Name _____ First Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employer _____ Occupation _____

Father's/Guardian's Information

Last Name _____ First Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employer _____ Occupation _____

RELEASE INFORMATION

In order of preference, please list persons to be called in case of emergency and who are permitted to take your child from the center. Children will be released only to those authorized (at least 18 years old) as designated on this emergency card. For safety reasons, a minimum of one contact person must be listed.

Contact Person 1	**Contact Person 2**	**Contact Person 3**
Name	Name	Name
Relationship	Relationship	Relationship
Day Phone Number	Day Phone Number	Day Phone Number
Cell Phone Number	Cell Phone Number	Cell Phone Number

EMERGENCY HEALTH / MEDICAL INFORMATION

Allergies (allergic to bees, peanuts, etc):_____

Medical Conditions (asthma, diabetic,etc):_____
If a Moreland School District healthcare plan is in place for your child, please attach a copy.

Emergency Medications:_____

Primary Care Physician:_____ Phone: _____

Dentist: _____ Phone: _____

Insurance Co. which covers my child: _____ Policy: _____ ID# _____

If the doctors listed above cannot be reached, please take my child to the nearest emergency aid station by ambulance if necessary for treatment. I authorize Moreland Extended Day Program to seek emergency treatment on behalf of my child in the event of a medical emergency.

Parent's/Guardian's Signature _____ Date _____