

LA HABRA CITY SCHOOL DISTRICT-KIDZONE EMERGENCY CARD

Student's Name _____ **School Attending:** _____ **Grade** _____
Last / First / Middle Boy ___ Girl ___ Birthdate _____

Home Address _____ City _____ Zip Code _____ Area _____ Home Phone _____

Parent/Guardian Name _____ () _____ () _____ / _____
Area Work Phone Area Cell Phone Email

Parent/Guardian Name _____ () _____ () _____ / _____
Area Work Phone Area Cell Phone Email

Step-parent/Guardian _____ () _____ () _____ / _____
Area Work Phone Area Cell Phone Email

Student resides with Father _____ Mother _____ Step-parent _____ Guardian _____

FOR THE SAFETY AND PROTECTION OF YOUR CHILD, WE NEED THE FOLLOWING INFORMATION:

In case of illness, accident or other emergency, I hereby authorize KidZone to call the following adults (over 18), if parents are not available. **All persons listed must be local and can be reached.** These persons have your authorization for release of student in case of disaster or emergency. For your child's protection, no student will be released to anyone not listed on this emergency card without written parental consent. **This information must be kept current at all times.**

1. _____ () _____
Name/Relationship Address City Phone/Cell number

2. _____ () _____
Name/Relationship Address City Phone/Cell number

3. _____ () _____
Name/Relationship Address City Phone/Cell number

4. _____ () _____
Name/Relationship Address City Phone/Cell number

MEDICAL INFORMATION

Physician _____

Phone () _____

Indicate any health problems _____

Any medication taken during hours of attendance at KidZone requires a medication form and must be kept in KidZone office/school office.

Restraining Order

Is there anyone who, by COURT ORDER, is restrained from taking the child from KidZone? YES ___ NO ___

If Yes, Name/Relationship _____

_____ A copy of the decree must be on file in the office of KidZone as well as the school office

If none of the above can be reached immediately, permission is given to call the paramedics or any local physician. In case of emergency requiring treatment at a hospital, I authorize treatment at a local hospital ___ YES ___ NO

Parent's Signature

Date