

# OLV SCHOOL STUDENT EMERGENCY/ DISMISSAL CARD \_\_\_\_\_ YEAR

|   |   |  |
|---|---|--|
| Private Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> | Student Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> | Custody/Restraining Papers on File: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|---|--|

List K-8 -OLV Students: Last                      First                      Middle Initial                      Grade                      Insurance #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Check all that apply – My Children have my permission to (please check yes or no for each):**

**Ride Bus**  yes  no    
 **Walk**  yes  no    
 **Bike**  yes  no

Father: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**The parent or legal guardian of any student on a continuing medication regimen for a non-episodic condition shall inform the school of the medication being taken, current dosage, and name of the supervising physician. If medication at school is necessary, PLEASE FILL OUT REQUEST FOR ASSISTANCE WITH PHYSICIAN PRESCRIBED MEDICINE FORM IN THE SCHOOL OFFICE.**

Student Name \_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Supervising Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Plan \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY CARE & EMERGENCY DISMISSAL PROCEDURES:** In case of a MAJOR DISASTER OR DECLARED EMERGENCY during school hours, all students shall be required to remain at the school or at an alternate safe site and under the supervision of School personnel until a safe dismissal time is determined or until an authorized adult picks up the student.

**The following people have my permission to pick up my children from school for regular dismissal or emergency.**

| Relationship | Last Name | First Name | Home Phone | Cell Phone |
|--------------|-----------|------------|------------|------------|
|              |           |            |            |            |
|              |           |            |            |            |
|              |           |            |            |            |
|              |           |            |            |            |
|              |           |            |            |            |

I understand that, if emergency medical or dental treatment is needed and the listed emergency contacts cannot be reached, 911 will be called. I understand OLV/Diocese of Fresno cannot assume responsibility for the payment of medical fees for expenses incurred. I also agree that the principal/ designee may transport my child between OLV and home when deemed necessary.

**I understand that it is my responsibility to inform OLV of any changes regarding the information on this form.**

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_