

# MILL VALLEY SCHOOL DISTRICT STUDENT EMERGENCY CONTACT CARD

Emergency Contacts / Medical Consent (other side)

Office Use Only	
CSIS # _____	
Date Enrolled _____	
<input type="checkbox"/> MEDICAL	
<input type="checkbox"/> CUSTODY	
<input type="checkbox"/> SPECIAL NEEDS	

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. *Please check the data carefully, make corrections, and fill in missing information on both sides of this card. Please print clearly and legibly in ink.*

Teacher:

**STUDENT**

Last Name	First	Middle	Teacher/Advisor	Grade
Home Address (Primary Residence)	City	State/Zip	Home Phone	Gender
Mailing Address, if different from above	City	State/Zip	Birthdate	Birthplace

Lives with:  Both Parents  Parent/Guardian 1  Parent/Guardian 2  
 Address change?  No  Yes If Yes, please contact the School Office.

**PARENT/GUARDIAN 1**

Last Name	First	Relation	Email	Employer
Home Address	City	State/Zip	Home Phone	Work Phone
			Cell Phone	

**PARENT/GUARDIAN 2**

Last Name	First	Relation	Email	Employer
Home Address	City	State/Zip	Home Phone	Work Phone
			Cell Phone	

First Name:

Are there any COURT-MANDATED custody/visitation orders limiting access to this student?  No  Yes ➔ If Yes, please attach LEGAL ORDER.

Other children at home: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Name Grade School

Languages spoken at home: 1. \_\_\_\_\_

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

**AUTHORIZED CONTACTS**

Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.**  
 In selecting someone to whom you authorize the release of your child, consider: (a) Would your child feel safe and comfortable with this person and family?  
 (b) Could this person care for your child for several days? (c) Is this person prepared to handle any special medical needs required by your child?

*I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.*

Name	Relationship	Home Phone	Work or Cell Phone
Call 1 <sup>st</sup>			
Call 2 <sup>nd</sup>			
Call 3 <sup>rd</sup>			
Out-of-state contact:			

*I declare that the information on this form is true and correct. I will notify the school office immediately of any changes to be made in the foregoing information.*

Last Name:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Continued ➔**

