

**HEALTH EMERGENCY INFORMATION-  
ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT**

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Secondary Emergency # Home/Work/Cell \_\_\_\_\_  
(Please circle one above)

**If Parent or Guardian cannot be reached, call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #s: Home/Work/Cell \_\_\_\_\_  
(Please circle one above or state type of number for each number provided.)

In the event of an accident or other emergency, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation under such circumstances. I further authorize the physician named below or any licensed physician or surgeon to undertake such care and treatment of my child as he/she considers necessary.

I understand that the RJUHSD does not provide accident medical insurance for students for school-related injuries, but does offer student accident insurance for voluntary purchase. Information about student accident insurance is available in the school office.

Insurance Carrier \_\_\_\_\_ Medical Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian of Pupil Age 17 or Younger **OR** Pupil if Age 18 or Older*

The Education Code 49480 requires parents to inform the school when a student has a continuing medication being taken upon a physician's prescription, and authorizes the school nurse to contact the physician with parental consent. See No. 4
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