

**LA HABRA CITY SCHOOL DISTRICT – KIDZONE EMERGENCY CARD**

**Student's Name** \_\_\_\_\_ **School Attending:** \_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_ **Boy**\_\_\_\_ **Girl**\_\_\_\_ **Birthdate** \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Address City Zip Code Area Home Phone

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian #1 Name Area Cell Phone Area Work Phone Email

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian #2 Name Area Cell Phone Area Work Phone Email

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Step-Parent/Guardian Name Area Cell Phone Area Work Phone Email

**Student Resides With:** Parent #1\_\_\_\_\_ Parent #2\_\_\_\_\_ 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**

5. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**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**