

## Emergency Information Form 2010-2011

Meyerholz School  
6990 Melvin Drive  
San Jose, CA 95129  
(408) 252-7450

Child's Name	
Grade	
Room #	
Teacher	

AGE: \_\_\_\_\_

DATE  
OF  
BIRTH: \_\_\_/\_\_\_/\_\_\_

RECENT PICTURE  
(Please attach)

See enclosed Health  
Enrollment Form for  
Additional Information

### MEDICAL INFORMATION:

ALLERGIES:

MEDICAL CONCERNS (Include present meds):

## Emergency Information Form 2010-2011

Parent's Name(s):		
Address:		
Home and Cell Phone:		
SIBLINGS AT MEYERHOLZ		
NAME	GRADE	TEACHER

- I understand the Emergency Student Release Procedures.
- I understand that various emergencies – loss of electrical power, wind/rain storms, earthquakes – may preclude use of school transportation.
- Therefore, when necessary during an emergency situation, my student may be released to any of the adults listed below.

**In an emergency, my student may be released from school to the following authorized adults:**

(Please print. This list should include two emergency contacts listed on the other information given to the school. These adults may not initiate a release by phone.)

Name	Phone	Relationship

Please print name and then sign (Parent or Guardian)

Date