FOR STAFF USE ONLY
REVISED 06.12.2023

Allergies_____
Special Conditions _____
Meds on site ☐ **Court Orders** ☐

ALLERGIC TO BEES ☐
NOT ALLERGIC TO BEES ☐
REACTION TO BEES _____

procare
ACCOUNT KEY

Check applicable:

☐ Non-Native American ☐ Native American (Tribe: _____) ☐ Barona Indian Charter School ☐ Barona Employee Dependent

Last Name/ First Name of Child	Date of Birth	Sex	Home Number	School	Grade

Street Address	City & Zip Code	Email Address

The following information is required so that we can contact a responsible person in case of emergency.

1st Parent/Guardian	Student resides with? ☐ Yes ☐ No	Mobile	Employer Telephone

2nd Parent/Guardian	Student resides with? ☐ Yes ☐ No	Mobile	Employer Telephone

Language Spoken at home (**if other than English**): _____

List the names, addresses and phone numbers of two responsible area residents who know your child and who you, authorize to pick up in emergencies. We will release your child only to those persons listed below & on the procare system.

Name	Relationship	Address (including city & zip)	Telephone

Name	Relationship	Address (including city & zip)	Telephone

Physician	Insurance	Telephone

PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW

Wears glasses? ☐ Yes ☐ No Hearing difficulty? ☐ Yes ☐ No

Date of eye exam: _____ Date of hearing exam: _____

State of dental health? _____ Remarks: _____

General Health: (Please note special conditions) _____

Asthma: _____ Allergies: _____

Drug sensitivity (specify): _____ Seizures/ Epilepsy: _____

Rheumatic Fever: _____ Heart Disease: _____

Date of tetanus shot: _____ Other: _____

Limitation on physical activities: _____

Daily medications? ☐ Yes ☐No Type: _____ Prescribing Physician _____

Note: In the event of medical emergency, the Barona Fire Department will be directed to transport your child to the nearest hospital that is able to provide the necessary emergency care. Your signature satisfies your requirement: 1) Barona's authorization to seek necessary medical attention for your child in an emergency; 2) Confirms that your statements on this card are true; 3) Acknowledges that you have received statements regarding your rights, responsibilities, and protections (annual notification); and acknowledges that you have discussed arrangements with your child regarding medical and family emergencies and procedures that are to be followed if your child were to be sent home during an evacuation of the center.

_____ _____

Date Signature