

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 _____



ACCOUNT KEY

Check applicable:

Barona Tribal Member Barona Tribal Member Dependent Non-Tribal Barona Resident

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