

# ARROYO PACIFIC ACADEMY

41 West Santa Clara Street • Arcadia, California 91007-3100 • Tel 626.294.0661 • Fax 626.294.0677

## INTERNATIONAL STUDENT EMERGENCY INFORMATION FORM

All information on this form is confidential and will only be used in the case of a medical emergency or natural disaster.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ ID #: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

Environmental allergies: \_\_\_\_\_

Current Medications (home and school): \_\_\_\_\_

Chronic/Serious Medical Conditions: \_\_\_\_\_

First call for emergency to a person in the U.S.: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second call for emergency to a person in the U.S.: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

In case of a natural disaster, student may be picked up by:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Check here if child may walk home unescorted. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Faculty/Staff use only

Child picked up by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child walked home.

Child transported to: \_\_\_\_\_ By: \_\_\_\_\_ Time: \_\_\_\_\_