OUSD CHILD DEVELOPMENT SERVICES EMERGENCY INFORMATION

,	•	·	be completed and returned to the site, and updated when chang			Child's
Name of Site		Home Phone				Current Picture
Name:Last		First				riotare
Ger	nder	Grade	Da	te of Birth		
Address:						
Number		Street		Apt #	City	Zip Code
Please Check appropria	tely:					
This student resides with	h: Both parents	Mother Fath	er Natural Paren	t/Step-parent (Caregiver This is a	new Address or Phone #
List below the names(s) parent permission:	of person (s) who may	be contacted &	to whom the student r	may be released. S	Student will not be rele	ased to other persons without
Mother/ Guardian:						
Last Name	First Name		Employer	City	Phone #	Cell phone #/e-mail.
Father/ Guardian:						
Last Name	First Name		Employer	City	Phone #	Cell phone#/e-mail
If the above person(s) ca	annot be reached, scho	ol personnel ma	y contact and release	your son/daughter	to:	
Name	Address	ddress Daytime phone #				Cell phone # /e-mail
Name	Address	Daytime phone #				Cell phone # /e-mail
granted for medical care	e to be given required (t	he undersigned	parent/guardian will a	ssume responsibili	ty for fees involved)	sician, permission is hereby Date:
Family Physician:	amily Physician:		Address:		Phone:	
What health problems do	oes this student have?					
becomes necessary, stu	idents will be transporte	ed as a group to	a safe location. Indivi	dual students may	be released to parents	I under supervision. If evacuation s, others designated on this card, dents will be released in the regular
students and parents/gu in the main office at yo notification. Included in	pardians through Califor our school site. The lather Parent/Student Ha is. Please sign below	nia State Codes aw requires that indbook are the acknowledging	and Federal Regulati you be apprised of grounds for suspensi	ons. If you did not these rights annu on and expulsion,	receive a "Parent Stu- ally and that you ma uniform complaint pro	of rights and privileges granted to dent Handbook", they are available ke written acknowledgment of the cedures, sexual harassment policy tifications and that they are being
Signed:					Date:	
	d for publicity purposes	in various media	a, including school fly			vide information pertaining to my ions, radio and television. I realize
Signed:				!	Date:	
Therefore, the district re "Electronic Network Ob	equires that all students ligations and Respons school. Please sign b	who will be usi bilities/Acceptabelow indicating	ng the district's interrile Use Agreement". that your son/daught	net services/electro The terms of the	nic network comply w agreement are locate	ontain material that is appropriate ith the terms and conditions of the ed in the district's "Parent/Studen nitting his/her use of the district's

Signed: ___ _____ Date: _____