

OUSD EMERGENCY INFORMATION

Name of School (This form shall be completed, returned to school, and updated when changes occur) Home Phone #

Student Name: Last Name First Name Middle Name Gender Grade Date of Birth

Address: Number Street Apt. # City Zip Code Student Email Address

Please check appropriately: Enrollment is based on Student resides within this school Open enrollment Interdistrict transfer Other

This student resides with: Both parents Mother Father Natural parent/step-parent Caregiver Affidavit Restraining order on file Court orders on file

Please list below the name(s) of person(s) who may be contacted & to whom the student may be released. Students will not be released to other persons without parent permission:

Father/Guardian: Last Name First Name Employer Address Phone # Cell Phone #

Mother/Guardian: Last Name First Name Employer Address Phone # Cell Phone #

Email Address (Father/Guardian)

Email Address (Mother/Guardian)

If the above person(s) cannot be reached, school personnel may contact and release your son/daughter to:

Relative/Friend: Last Name First Name Address Phone # Cell Phone #

Relative/Friend: Last Name First Name Address Phone # Cell Phone #

PRIMARY LANGUAGE: The "Primary Language" spoken at your home is:

NOTIFICATION OF RIGHTS: The district's "Parent/Student Handbook" contains several mandated communications notifying you of rights and privileges granted to students and parents/guardians through California State Codes and Federal Regulations.

Parent/Guardian Signature: Date:

Education Code 49408 requires parents/guardians to provide accurate emergency information and to keep emergency information up-to-date throughout the school year.

- New address New home phone number New cell phone numbers New work phone numbers New email address New emergency contact persons

EMERGENCY INSTRUCTIONS: In case of an emergency involving a community or a school disaster, students will remain at school under supervision.

PHOTOGRAPH MEDIA RELEASE AND STUDENT PHOTOGRAPHS AND STATISTICS POSTINGS ON THE WEBSITE: In accordance with Board Policy 1113, OUSD has my permission to take photographs of my son/daughter and/or provide information pertaining to my son/daughter to be used for publicity purposes in various media.

Yes No Parent/Guardian Signature: Date:

INTERNET RELEASE: The "Internet" is an important tool for today's educational programs. However, not all internet sites contain material that is appropriate.

Yes No Parent/Guardian Signature: Date:

Should a serious illness or an accident occur and school personnel are unable to contact the parent(s)/guardian(s) and/or family physician, permission is hereby granted for medical care as required (the undersigned parent/guardian will assume responsibility for fees involved.). Yes No

Parent/Guardian Signature: Date:

Family Physician: Address: Phone #:

Family Dentist: Address: Phone #:

What health problems/allergies does this student have?

Table with 2 columns: Name of brother/sister, Name of school attending.

PARENT/GUARDIAN SIGNATURE IDENTIFICATION

Only those signatures listed below shall be recognized by school personnel in matters concerning absences, release (non-emergency) from school, request for information, etc. (actual authentic signature of the individual required.)

Signature: Parent/Guardian: Date:

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