



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**  
**Student Support Services**  
1400 E. Janss Rd., Thousand Oaks CA 91362  
(805) 497-9511

Student First Name	M.I.	Last Name
Teacher/Counselor	Name of School	Grade

**EMERGENCY AUTHORIZATION**

**To Be Completed by Parent/Guardian Annually (please print)**

Address \_\_\_\_\_  
Street Number and Name City Zip Code

Gender:  M  F Birthdate: \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

Name of Parent/Guardian	Relation	Living with student? Y/N	E mail address	Cell Phone #
Address of Parent/Guardian if Different From Student	Home Phone	Fax, etc.	Place of Employment	Work Phone #

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**IMPORTANT:** In the event that the primary guardian(s) above cannot be reached, an authorized school employee may call ONLY the following adult friends or relatives who may take responsibility for my child's care. I also authorize the school to release my child to any of the following in the event of a natural disaster or other such emergency. Please list one Out of State contact, if possible. Make sure that the people you choose know that they are on this list and remind them periodically throughout the school year. **I.D. must be shown in order to release a child to an adult.**

Name	Relation	Cell Phone	Release Contact? Y/N	Out of State? Y/N

Siblings/others living at home	Relation	School	Grade	Other

Serious or life-threatening allergies to drugs, food, insect stings: \_\_\_\_\_

Emergency medications taken at home and/or school: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_