

# EMERGENCY AUTHORIZATION

Must be completed, updated and returned annually  
**To Be Completed by Parent/Guardian**  
Please Print

Student First Name	Middle Initial	STUDENT LAST NAME
Teacher /Counselor	Name of School	Grade

<b>For School Use Only: Student ID</b> _____
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Address \_\_\_\_\_  
Street Number and Street Name City Zip Code

Gender  Male  Female Birthdate \_\_\_\_\_ Student's Phone # \_\_\_\_\_

Name of Parent/Guardian	Relationship to student	Living at Home?	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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Address of Parent/Guardian if Different From Student	Home Phone	Fax, etc.	Place of Employment	Work Phone

**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 major earthquake or disaster. 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	HOW RELATED	CELL PHONE	Child Care Provider Y or N	Release Contact Y or N	Out of State Contact Y or N

BROTHERS, SISTERS OR OTHERS LIVING AT HOME	HOW RELATED	SCHOOL	GRADE	OTHER

**PERMISSIONS/NOTICES OF RIGHTS AND RESPONSIBILITIES:** (Any change requires notification to the school in writing.)

1. I have received the "Notice of Rights and Responsibilities" via the District/School website or as a copy from the school office  Y or  N
2. I give permission to have my and my child's name, address, and phone number released to School Organizations  Y or  N
3. I give permission to have my child's photographic image(s) appear in the Class Photo and School Yearbook  Y or  N
4. I give permission to have my child's photographic image(s) used on the School and/or District Website  Y or  N
5. I give permission to have my child's photographic image(s) released to any form of External Public Media (Newspaper, etc.)  Y or  N

**HEALTH HISTORY/INFORMATION** Check any of the conditions which your child has had (Explain further below where needed)

	Yes	When		Yes	When		Yes	When	<b>Serious Allergies:</b>	Yes	When
Hearing Impairment			Diabetes			Heart Condition			Drugs/ Food		
Vision Impairment			Epilepsy			Kidney Problems			Insect stings		
Frequent Headaches			Hay Fever			Tuberculosis			Other please list		
Rheumatic Fever			Asthma			Surgeries			Medication(s)		

1. Identify/describe serious allergies that may have a reaction or an impact on school/classroom performance and/or activities: \_\_\_\_\_
  2. Identify/describe surgeries \_\_\_\_\_
  3. Identify/describe any other health problems \_\_\_\_\_
  4. Identify Medication(s) \_\_\_\_\_ List Medications kept in school office \_\_\_\_\_
- Name of Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** In the event of an emergency requiring immediate medical attention, I hereby authorize the Conejo Valley Unified School District to obtain emergency transportation and treatment on my child's behalf. The undersigned authorizes the hospital to provide appropriate treatment. I understand that every effort shall be made by the hospital to contact the parent or guardian prior to any treatment, but treatment shall not be withheld if the parent or guardian cannot be reached. **I also understand that the Conejo Valley Unified School District does not assume any financial responsibility for medical care or ambulance transportation.** These authorizations and permissions shall be and remain in full force and effect for the current school year unless revoked in writing. I also understand that I should contact the school immediately if there are any changes in the information contained on this sheet.

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