



MSID: \_\_\_\_\_

School: \_\_\_\_\_

# LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

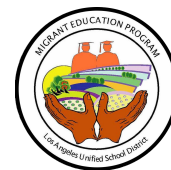
|  |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
|--|--|---|---|------------|--|---|---|------------|---|---------------------|----------|----------------|-----------|--|--|------------|--|--|-----------|--|-------|--|--------------|--|-----------|--|--|------------|--|--|-----------|--|-------|--|--------------|
| STUDENT'S LAST NAME  |  |   |   | FIRST NAME |  |   |   | M.I.       |   | STUDENT'S LAST NAME |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| BIRTH DATE   |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |   | GRADE      |  | HOME LANGUAGE   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| STUDENT'S HOME ADDRESS -- NUMBER   |  | STREET  |   |            |  | APT #   |   | CITY       |   |                     | ZIP CODE |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| MAILING ADDRESS -- NUMBER<br>(IF DIFFERENT FROM ABOVE)   |  | STREET  |   |            |  | APT #   |   | CITY       |   |                     | ZIP CODE |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| PARENT'S / LEGAL GUARDIAN'S LAST NAME  |  |   | FIRST NAME  |            |  | RELATIONSHIP TO STUDENT   |   |            | LIVES WITH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |          | FIRST NAME     |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| WORK ADDRESS -- NUMBER   |  | STREET  |   |            |  | CITY  |   |            | ZIP CODE  |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| CONTACT NUMBERS  |  |   | Indicate which phone to call for each message type:*  |            |  |   | EMAIL ADDRESS:  |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| HOME   |  |   | EMERGENCY <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| CELL   |  |   | ATTENDANCE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work  |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| WORK   |  |   | GENERAL INFO <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work  |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| TEXT   |  |   | <input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| PARENT'S / LEGAL GUARDIAN'S LAST NAME  |  |   | FIRST NAME  |            |  | RELATIONSHIP TO STUDENT   |   |            | LIVES WITH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |          | MIDDLE INITIAL |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| WORK ADDRESS -- NUMBER   |  | STREET  |   |            |  | CITY  |   |            | ZIP CODE  |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| CONTACT NUMBERS  |  |   | Indicate which phone to call for each message type:*  |            |  |   | EMAIL ADDRESS:  |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| HOME   |  |   | EMERGENCY <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| CELL   |  |   | ATTENDANCE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work  |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| WORK   |  |   | GENERAL INFO <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work  |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| TEXT   |  |   | <input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| NAME   |  |   | RELATIONSHIP  |            |  | HOME PHONE  |   | CELL PHONE |   | WORK PHONE          |          | DATE           |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| NAME   |  |   | RELATIONSHIP  |            |  | HOME PHONE  |   | CELL PHONE |   | WORK PHONE          |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| NAME   |  |   | RELATIONSHIP  |            |  | HOME PHONE  |   | CELL PHONE |   | WORK PHONE          |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <i>List any other family members attending this school:</i><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">LAST NAME</td> <td colspan="3">FIRST NAME</td> <td colspan="2">HOME ROOM</td> <td colspan="2">GRADE</td> <td colspan="2">RELATIONSHIP</td> </tr> <tr> <td colspan="3">LAST NAME</td> <td colspan="3">FIRST NAME</td> <td colspan="2">HOME ROOM</td> <td colspan="2">GRADE</td> <td colspan="2">RELATIONSHIP</td> </tr> </table>  |  |   |   |            |  |   |   |            |   |                     |          |                | LAST NAME |  |  | FIRST NAME |  |  | HOME ROOM |  | GRADE |  | RELATIONSHIP |  | LAST NAME |  |  | FIRST NAME |  |  | HOME ROOM |  | GRADE |  | RELATIONSHIP |
| LAST NAME  |  |   | FIRST NAME  |            |  | HOME ROOM   |   | GRADE      |   | RELATIONSHIP        |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| LAST NAME  |  |   | FIRST NAME  |            |  | HOME ROOM   |   | GRADE      |   | RELATIONSHIP        |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:   |  |   | Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Relationship to Student: _____ |            |  |   | Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Military Branch: _____<br>Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b><br>The undersigned, as parent/legal guardian of, _____ a minor,<br>(Print name of the student here)<br>hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian. |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</b><br>_____   |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families<br><b>MEDI-CAL / HEALTHY FAMILIES ID Number:</b> _____  |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| 1. PRIVATE HEALTH INSURANCE NAME   |  |   |   | GROUP NO.  |  | 2. PRIVATE HEALTH INSURANCE NAME<br>(If covered under more than one plan) |   |            |   | GROUP NO.           |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| NAME OF DOCTOR / MEDICAL OFFICE  |  |   |   |            |  | PHONE NUMBER OF DOCTOR / MEDICAL OFFICE                                   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| *If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.   |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:</b><br>_____   |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:</b><br>_____  |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</b><br><b>X</b> _____ <b>DATE</b> _____  |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |
| <b>SIGNATURE OF:</b> _____ <b>(CHECK ONE)</b> <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)   |  |   |   |            |  |   |   |            |   |                     |          |                |           |  |  |            |  |  |           |  |       |  |              |  |           |  |  |            |  |  |           |  |       |  |              |

\* Selected telephone number must be a direct dial number (no extensions).

Revised January 2014



LOS ANGELES UNIFIED SCHOOL DISTRICT  
MULTILINGUAL MULTICULTURAL EDUCATION DEPARTMENT  
**Migrant Education Program**



**PARENT/CHILD AGREEMENT**

CONGRATULATIONS! Your child has been selected to participate in the **Migrant Education Saturday School**, an Academic and Enrichment Program. The **Migrant Education Program** provides academic enrichment, recreation and an opportunity to participate in the Federal Lunch Program.

The following are the **Migrant Education Saturday School** Program rules:

1. **Attendance:**

- Regular attendance is required for program continuity and continued funding.
- Students who are absent more than 2 times per session, will lose the privilege to continue in this session.
- Once your child is signed-in, he/she may not leave unless signed-out and accompanied by an authorized adult. Failure to comply may constitute grounds for dismissal from the class session.

2. **Student/School Code of Conduct:**

- If a child is disruptive, misbehaves and/or poses a threat to other children, he/she may be dismissed from the class session.
- If a child deface or destroys school property, he/she may be dismissed from the class session.
- Verbally or physically abusive behavior towards school staff, constitute grounds for dismissal from the class session.

3. **Student Dress Codes.-** All students shall be required to show proper attention to personal cleanliness, neatness, safety and suitability of clothing and appearance for school activities.

4. **Electronic devices.-** Student's use of cellular phones, pagers, iPods, or any other electronic signaling devices on campus is prohibited during normal school hours. If a student brings such a device to school, it must remain "off" and be stored in a locker, backpack, purse, pocket, or other place where it is not visible during school hours; if school staff observes or hears such a device, staff may confiscate it until a parent/guardian redeems it. Photographing, videotaping or otherwise recording individuals without their permission is strictly prohibited.

5. **Conduct on School Buses.** Students who ride school buses are expected to adhere to the same rules of conduct and behavior on the school bus as in school.

We are looking forward to your child's/children's successful participation in the program.

I have read, understand, and discussed the "**Migrant Education Saturday School**" Program rules with my child(ren) and we agree to comply with them. I also understand that failure to comply with the program rules may constitute grounds for dismissal from the program.

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Students Name (Print)

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Students Signature

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Date

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

---

Date



**Los Angeles Unified School District  
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means educational program activities in which your pupil has participated. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

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**My signature shows that I have read and understand the release and I agree to accept its provisions.**

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

---

**Granting of permission is voluntary. Please return completed form to school.**

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11. Principal

12. School

**Approved as to form by the  
Office of the General Counsel.**

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information