



MSID: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT School:

Student ID: _____

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 <small>(IF DIFFERENT FROM ABOVE)</small>			STREET			APT #		CITY		ZIP CODE	
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.								
<i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i>											
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE		FIRST NAME	
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>											
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 Relationship to Student: _____			Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased					
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT											
The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small>											
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.											
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".											
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <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											
MEDI-CAL / HEALTHY FAMILIES ID Number: _____											
1. PRIVATE HEALTH INSURANCE NAME			GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>			GROUP NO.		MIDDLE INITIAL	
NAME OF DOCTOR / MEDICAL OFFICE					PHONE NUMBER OF DOCTOR / MEDICAL OFFICE						
<small>*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.</small>											
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:											
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:											
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.											
X _____								DATE			
SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN 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 Summer 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 Summer 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 Summer 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.

Students Name (Print)	Students Signature	Date
Parent/Guardian Name (Print)	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.

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.

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

Los Angeles Unified School District Field Trip Personal Health History Form

This form is to be completed by the parent/guardian for students attending a field trip.

A. STUDENT INFORMATION																	
Student Name:	Date of Birth:	Gender:	Grade:														
Teacher:	Field Trip Destination:																
B. PARENT/GUARDIAN/CAREGIVER INFORMATION																	
Parent/Guardian Name:	Home Phone Number:	Cell Phone Number:															
Work Phone Number:	Email Address:																
C. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN/CAREGIVER)																	
Emergency Contact Name:	Cell Phone Number:	Other Phone Number:															
Relationship:	Email Address:																
D. STUDENT EDUCATION INFORMATION																	
Does the student have a current Individualized Education Program (IEP) at their school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Does the student have a current Section 504 Plan at their school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No														
E. ALLERGIES (CHECK ALL THAT APPLY)																	
<input type="checkbox"/> Food Allergy (list/describe reaction): _____ <input type="checkbox"/> Medication (list and describe reaction): _____ <input type="checkbox"/> Insect Bites/Stings (list and describe reaction): _____ <input type="checkbox"/> Seasonal (explain): _____ <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Does your child take medication for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the name(s) of the medication taken/prescribed: _____ _____ <input type="checkbox"/> None																	
F. STUDENT HEALTH INFORMATION																	
Does the student have a current health condition? Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Asthma</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Musculoskeletal disorder</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Bleeding disorder</td> <td style="padding: 5px;"><input type="checkbox"/> Seizures</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Constipation</td> <td style="padding: 5px;"><input type="checkbox"/> Wears glasses/contact lenses</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Diabetes</td> <td style="padding: 5px;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Emotional/Psychological Condition</td> <td style="padding: 5px;"><input type="checkbox"/> Specialized physical health care procedure. If checked, type of procedure: _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Heart defect/disease</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Hearing Impairment</td> <td style="padding: 5px;"><input type="checkbox"/> None</td> </tr> </table>				<input type="checkbox"/> Asthma	<input type="checkbox"/> Musculoskeletal disorder	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Seizures	<input type="checkbox"/> Constipation	<input type="checkbox"/> Wears glasses/contact lenses	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Emotional/Psychological Condition	<input type="checkbox"/> Specialized physical health care procedure. If checked, type of procedure: _____	<input type="checkbox"/> Heart defect/disease	_____	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> None
<input type="checkbox"/> Asthma	<input type="checkbox"/> Musculoskeletal disorder																
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Seizures																
<input type="checkbox"/> Constipation	<input type="checkbox"/> Wears glasses/contact lenses																
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____																
<input type="checkbox"/> Emotional/Psychological Condition	<input type="checkbox"/> Specialized physical health care procedure. If checked, type of procedure: _____																
<input type="checkbox"/> Heart defect/disease	_____																
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> None																

Los Angeles Unified School District Field Trip Personal Health History Form

Explain health condition(s) checked above: _____

Does the student have any physical limitations? If yes, please explain: _____

Does the student have any dietary restrictions? If yes, please explain: _____

G. MEDICATION

Does the student need medication during the field trip? If "Yes", see numbers 1, 2 and 3 below.

Yes^{1, 2, 3} No

1. To administer routine over-the-counter medications to be taken during an overnight field trip, parents/guardians must obtain a completed **Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips** form, which includes a parent/guardian signature consent and a written order from the health care provider.
2. To administer medication (prescription and over-the-counter medications not listed on the above referenced form in #1) on the field trip, parents/guardians must obtain a completed **Request for Medication to be Taken During School Hours** form, which includes parent/guardian signature consent and a written order from the health care provider.
3. The completed **Request for Medication to be Taken During School Hours** and/or **Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips** form(s) must be returned to the school **at least 7 days prior to departure** with parent/guardian and health care provider signatures

In the event of a medical emergency, 911/Emergency Medical Services will be called, and the student will be transferred to the nearest medical facility.

H. ADDITIONAL HEALTH INFORMATION

Please provide any additional health information about the student.

G. PARENT/GUARDIAN/CAREGIVER CONSENT

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____
Signature

Date

COMPLETED FORM TO BE GIVEN TO THE SCHOOL NURSE