

Emergency Information Form (To be completed by parent or guardian) **Sierra Sands Unified School District**

School Year: _____ School Site: _____ Teacher Name: _____ Gender: _____

Student's **LEGAL** Name: _____ Date of Birth: _____
(from Birth Certificate) Last First Middle

Mailing Address: _____ Student Email Address: _____
Street City State Zip

Residence Address: _____ Parent Email Address: _____
(If different than Mailing) Street City State Zip

Automated Contacts Phone: _____ Email: _____

Mother's/Guardian's _____ Cell/Home: _____ Work: _____
First Name Last Name Do you work or live on Federal property? _____ (Yes, No, or Not Sure)
 Address: _____ Email: _____
(If different than Student) Street City State Zip

Father's/Guardian's _____ Cell/Home: _____ Work: _____
First Name Last Name Do you work or live on Federal property? _____ (Yes, No, or Not Sure)
 Address: _____ Email: _____
(If different than Student) Street City State Zip

Other Parent/Guardian's _____ Cell/Home: _____ Work: _____
First Name Last Name Do you work or live on Federal property? _____ (Yes, No, or Not Sure)
 Address: _____ Email: _____
(If different than Student) Street City State Zip

Other Parent/Guardian's _____ Cell/Home: _____ Work: _____
First Name Last Name Do you work or live on Federal property? _____ (Yes, No, or Not Sure)
 Address: _____ Email: _____
(If different than Student) Street City State Zip

My student may be released to the following people when I cannot be reached in case of illness, emergency, school closing, appointments, lunch or other authorized reasons provided by me. I understand that MY CHILD WILL NOT BE RELEASED TO ANYONE UNDER THE AGE OF 18, INCLUDING SIBLINGS, OR ANYONE WHO IS NOT LISTED ON THIS CARD.

First	Last	Phone #	Relationship to Student

HEALTH PROBLEMS (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Diagnosed ADD or ADHD | <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema/Skin Trouble | <input type="checkbox"/> Known Vision Loss | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Wears Contact Lens | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Wears Glasses | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> History of Fractures | <input type="checkbox"/> For close work <input type="checkbox"/> Distance only <input type="checkbox"/> At all times | |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Color Vision Deficiency | |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> History of Surgery | <input type="checkbox"/> Known Hearing Loss | |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Physical Limitations (explain below) | <input type="checkbox"/> History of Ear Problem | |
| <input type="checkbox"/> Seizure Disorder | | | |
| <input type="checkbox"/> Chicken Pox | | | |

Other or further details of above _____

ALLERGIES (Check all that apply)

- | | | |
|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Food | List specific item(s) student is allergic to: _____
Describe allergic reaction and/or treatment: _____
Explain: _____ |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Plants | |
| <input type="checkbox"/> Insects | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Drugs | | |
| | | |

CURRENT MEDICATION(S)? _____ Does student have an **Epi-Pen** _____

If medication is needed at school, a medication consent form must be picked up from the office and completed.

EMERGENCY MEDICAL AUTHORIZATION: I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

Signature of Parent/Guardian _____ Date _____

MEDIA PERMISSION

I/We give permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus. Yes No

SSUSD STUDENT ACCEPTABLE USE POLICY OF DISTRICT TECHNOLOGY RESOURCES

___ I verify that I have accessed and read the **SSUSD Student Acceptable Use Policy of District Technology Resources** on the Sierra Sands website at https://www.ssusd.org/for_parents/student_use_of_technology

Student Agreement

___ I understand and will abide by the **Sierra Sands Unified School District Student Acceptable Use Policy of District Technology Resources**. I further understand that should I commit any violation, my access privileges will be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the District and its School Board members, employees, and agents from any claims and damages arising from my use, or inability to use, the Internet.

Parent Agreement

___ I have read the **Sierra Sands Unified School District Student Acceptable Use Policy of District Technology Resources**, which might, at times, include electronic mail. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I hereby release the district, its personnel, Board of Education members, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the electronic network. This includes, but is not limited to claims that may arise from the unauthorized use of the network components or harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in the school setting. I accept responsibility for setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media. **I have discussed the terms of this Policy with my child.** I hereby request that my child be allowed access to the District's network and the Internet.

OR

___ I do not have access to the Sierra Sands website and would like a hard copy of the **Sierra Sands Unified School District Student Acceptable Use Policy of District Technology Resources** sent home with my student. I will sign and return the student/parent agreement form to my student's school.

Office Use:
Date Sent _____ Initials _____

- Annual Notice to Parents/Guardians Acknowledgment

Education Code Section 48982 requires parents or guardians to sign and return acknowledgment that they have received and read the **Annual Notice to Parents/Guardians Acknowledgment** regarding rights relating to activities that might affect their child/children.

___ I verify that I have accessed and read the **Annual Notice to Parents/Guardians Acknowledgment** on the Sierra Sands website at: https://www.ssusd.org/for_parents/notices__resources

OR

I do not have access to the Sierra Sands website and would like a hard copy of the **Annual Notice to Parents/Guardians Acknowledgment** sent home with my student. I will sign and return the parent acknowledgment form to my student's school.

Office Use:
Date Sent _____ Initials _____

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Signature of Parent/Guardian: _____ Date: _____