SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT
STUDENT REMOVAL/EMERGENCY FORM AND GENERAL RELEASE

Student Name (Legal)

Last | First | M.I.

Home Address | City | Zip

Student Cell Phone | Student Email

❑ **Father** ❑ **Foster** ❑ **Legal Guardian** ❑ **Group Home** ❑ **Caregiver**

Lives With: ❑ Yes ❑ No

Last Name | First Name | Home Phone

Email ______________________ Cell Phone ______________

Father/Guardian Employer | Work Phone

❑ **Mother** ❑ **Foster** ❑ **Legal Guardian** ❑ **Group Home** ❑ **Caregiver**

Lives With: ❑ Yes ❑ No

Last Name | First Name | Home Phone

Email ______________________ Cell Phone ______________

Mother/Guardian Employer | Work Phone

***ADULT CONTACTS** who have permission to remove student from school:*

1. ______________________
   Complete Legal Name | Phone
2. ______________________
   Complete Legal Name | Phone
3. ______________________
   Complete Legal Name | Phone

Birth Date	Sex	Grade	Student Perm. ID

TEXT MESSAGING

I give the District permission to communicate with my child through text messaging. ❑ Yes ❑ No

(Please text Y or Yes to 67587 with the student's cell phone to opt-in for text messaging) ________ Initials

MEDICAL ALERT

I will contact the District Registered Nurse about any conditions requiring special medical care at school. ________ Initials

Health Problems: ❑ No ❑ Yes (Check all that apply)

❑ Diabetes

❑ Severe Allergies/EpiPen

❑ Epilepsy/Seizures

❑ Other ______________________

Any medications taken at school require a medical order.

Health Plan: ❑ Kaiser ❑ Blue Cross ❑ HealthNet ❑ Medi-Cal ❑ PacifiCare ❑ IEHP ❑ Other ❑ None

Health Plan ID# ______________________

Name of family physician or medical advisor | Phone

I give the school permission to bill for medical services rendered at the school site. ❑ Yes ❑ No ________ Initials

SCHOOL USE ONLY

Teacher	Room		Health Plan: ❑
			Nurse Initial ______

Court/Restraining Order: ❑

Where is your child/family currently living? (check one box only)
This information will be used to determine Student's Rights and Services under the Every Student Succeeds Act of 2016.

❑ With more than one family in a house or apartment due to economic hardship ❑ In a shelter or transitional housing program ❑ In a motel, car or campsite ❑ In a foster placement or group home ❑ In a single-family house or apartment ❑ Unaccompanied Minor

❑ I do ❑ I do not — authorize, pursuant to the provisions of Section 2 S.B. of the Civil Code of CA, to give such attention as may be thought necessary by the physician/medical advisor in charge, in case of an emergency and I cannot be reached. I also realize that the local police may be called in certain circumstances in order to ensure emergency treatment.

Parent/Guardian Signature ______________________ Date __________

❑ I do ❑ I do not — **Parent/Guardian Release Authorization for Photographs, Films, Slides, Video, and Audio Recordings of Students Enrolled in Education Programs.** SBCUSD requests permission to reproduce, through audio or visual means, activities related to this student's education program. By checking 'I do', you give permission for us to use audio or visual materials of the above-named student to increase public awareness of education programs through the mass media, displays, brochures, internet, audio-visual presentations, etc.

Parent/Guardian Signature ______________________ Date __________

This information is needed in case your child is injured or becomes ill at school. Parents are often away from home the day something unexpected happens, and we are unable to locate them. It is, therefore, most important that we have the name of a relative or friend who will assume responsibiliy of parents in their absence. By completing this card, you are also giving permission for those listed to pick up and remove your child from school for personal reasons such as doctor and dental appointments or for any reason that you are unable to pick up your student yourself. Please understand that the San Bernardino City Unified School District does not provide student medical or accident insurance for school-related injuries. Information is available through the school office regarding student accident insurance, which may be purchased at reasonable rates.

Parent/Guardian Signature ______________________ Date __________

PLEASE COMPLETE THIS FORM AND RETURN IT TO SCHOOL AT ONCE.
Please inform the school if any information on this form changes

CHILD DEVELOPMENT PROGRAM

Signature Card for Emergency Pick-up

Child's Name____

Print Name	Full Legal Signature

Office Staff Only

Confirm inactive drops and transfers on MCT Technology