

**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 _____

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 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.
 I do not

Parent/Guardian Signature _____ Date _____

I do **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.
 I do not

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 responsibility 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 _____

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: <input type="checkbox"/>
		Nurse Initial _____

Court/Restraining Order: