

VISALIA UNIFIED SCHOOL DISTRICT EMERGENCY CARD

STUDENT ID# _____

GRADE _____

STUDENT INFORMATION:

LAST NAME _____ FIRST NAME _____ BIRTH DATE _____

MALE FEMALE

Student Mailing Address _____ Zip Code _____

Primary Phone _____ Teacher Name (for K-6 students only) _____

Student living with: Parents _____ Parent/Stepparent _____ Guardian _____ Foster Parents _____

PARENTS OR GUARDIANS THE STUDENT IS LIVING WITH

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Primary Phone _____ Okay to text? Yes ___ No ___ Primary Phone _____ Okay to text? Yes ___ No ___

Secondary Phone _____ Yes ___ No ___ Secondary Phone _____ Yes ___ No ___

Employer _____ Employer _____

Work Phone _____ Work Phone _____

E-mail Address _____ E-mail Address _____

CUSTODY: Who has legal custody? _____

EMERGENCY CONTACT (OTHER THAN PARENT)

(may not excuse absences)

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Primary Phone _____ Primary Phone _____

Secondary Phone _____ Work Phone _____ Secondary Phone _____ Work Phone _____

If the above named emergency contacts are not available, I authorize school authorities to seek necessary medical treatment at a hospital or other medical facility in the vicinity of the school. Yes No

Before and after school my child is cared for by (for K-6 students only) Name & Phone number: _____

Each year, your school attempts to bring your child's health record up to date. Please provide the information requested below so that we may update his/her record.

1. My child's doctor is _____ Phone _____

2. Does your child have a health condition which should be brought to the attention of the nurse?

Yes No If yes, explain: _____3. Is physical activity limited? Yes No According to the California State Code, a PHYSICIAN'S STATEMENT must be submitted in writing each year, if activity is limited.

4. *California State Code requires a parent/legal guardian to inform the school of continuing medication being taken, current dosage and name of supervising physician.

Medication _____ Supervising Physician _____

Medical Insurance Information: Name of Company _____

Medi-Cal? Yes No

6. If your child is receiving support services, we encourage you to notify the school office.

*Required forms for medication in school are available in the School Health Services Office.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

1. TRANSPORTATION

A school district is prohibited by law from requiring a student to be transported without the written permission of the parent or guardian. Activities for which transportation may be needed include extra-curricular activities in areas such as athletics, music, clubs, field trips in connection with regular classes, etc. **Please CHECK one:**

I give consent I do not give consent

for my son or daughter to be transported by the Visalia Unified School District for this school year in connection with class or extra-curricular activities where school provided transportation is needed.

2. STUDENT INJURIES

I understand that the Visalia Unified School District does not carry medical or dental insurance for children injured on school premises. **PARENT/GUARDIAN'S INITIALS** _____

3. PARENT'S/GUARDIAN'S RIGHTS NOTIFICATION ACKNOWLEDGMENT

I hereby acknowledge receipt of the District Information Directory and information required by Education Code Section 48980. My initials below are an acknowledgment that I have been informed of my rights but do not indicate that consent has either been given or withheld. **PARENT/GUARDIAN'S INITIALS** _____

4. STUDENT TECHNOLOGY USER AGREEMENT AND PARENT AUTHORIZATION

I understand that the school district will provide me with access to the internet for educational purposes only. This access is a privilege, not a right. I understand the consequences for failing to adhere to the District's regulations regarding internet use. **I have read, understand and will abide by the following regulations** (which are found in the Student Conduct Code).

1. Technological Resources - Internet Definition and Usage Risks
2. Internet Use - Student Obligations and Responsibilities.
3. Rules of Internet Etiquette – "Netiquette"

STUDENT SIGNATURE REQUIRED

STUDENT SIGNATURE _____ **DATE** _____

PARENT AUTHORIZATION: I request that my child be given access to the Internet for educational purposes and in accordance with the District's rules and regulations. I have reviewed the above regulations with my student. I understand the consequences if the provisions of this agreement are violated and shall not hold the District liable for any damages. I may contact the school at any time to revoke this permission. **PARENT/GUARDIAN'S INITIALS** _____

5. PUBLISHING OF STUDENT WORK & PHOTOGRAPH

The internet is a wonderful tool that enables VUSD to share news and student accomplishments with parents and the community. Additionally, there may be occasions when students will be incidentally photographed/videotaped by parents or news media personnel while participating in educational activities. VUSD would like permission to publish your child's work and descriptions of their accomplishments and/or photograph. You have the right to revoke this permission at any time by contacting the school office.

I give my permission for my child's photo, work, and his/her first and last name to be published on the VUSD website (vusd.org), VUSD social media outlets, printed materials etc. *Please note, photos taken at public events and locations are not subject to parent consent.

Please CHECK one: I give consent I do not give consent

6. OVER THE COUNTER MEDICATION (HIGH SCHOOL ONLY)

Occasionally, students will complain of non-injury or non-fever-related headaches and/or menstrual pain. With your permission, the school nurse may provide your child with the following over the counter medications.

- 1 to 2 tablets Acetaminophen 325mg every 4 hours as needed or 1 to 2 tablets Ibuprofen 200mg every 6 hours as needed for headache and/or menstrual pain.

I authorize the school nurse to provide the above medications under specified circumstances as designated through VUSD Standardized Nursing Procedures. I knowingly agree to hold harmless the Visalia Unified School District from any and all claims, damages, and causes of actions or injuries of any kind that my child or I may allege to have suffered from ingesting such medication. My child has no known allergy to these medications or health problems that would contraindicate them from receiving these medications.

Please CHECK one:

I give consent I do not give consent

PARENT/GUARDIAN COMPLETING THIS FORM:

PRINTED NAME _____ **SIGNATURE** _____ **DATE** _____