English

SALEM-KEIZER PUBLIC SCHOOLS

Family PREPAREDNESS

Information and Resources

Check back for updated resources

Access this document digitally

Adapted from information collected by Oregon Law Center and Latino Network Version 2.0 | June 2025

What's Inside

- O **Checklist of Important Documents**
- O **Objection to Release of Directory Information**
- O **Delegation of Parental/Guardian Powers**
- O **Revocation of Parental Authority Form**
- O **Authorization to Travel with a Minor**
- O **Child's Important Information**
- O **Updating Contact Information on ParentVUE**

Checklist of Important Documents

Every family should be prepared in case of an emergency. Parents may want to plan for their children's care in the event they are detained, deported, incapacitated, or otherwise unavailable for any period of time.

Name of Trusted Person: _____

Gather these documents now and keep them in a safe place and keep them confidential

- O Child's updated school emergency contact information
- O Child's medications and location
- O Child's immunization records
- O Child's birth certificate (from the United States or another country)
- O Child's passport (check expiration date and keep current)
- O Child's Social Security Card
- O Delegation of Parental/Guardian Powers
- O Important phone numbers and other contact information
- O Parents should activate an email address or other social media account that can be accessed from anywhere in the world.

Other items to gather and keep safe

- O Extra keys for house, car(s), safe, & mailbox
- O Financial Information
- O Affidavit to access bank accounts
- O Medical Documents
- O Automobile Documents
- O Title to Home
- O Living Trusts

Other recommendations

- O Set address of a safe meeting spot
- O Set a family code word or phrase
- O Add emergency contacts to child's phone

OBJECTION TO RELEASE OF DIRECTORY INFORMATION

Complete only if you wish to restrict the disclosure of directory information

Directory information is personally identifiable information in an education record which generally would not be considered harmful or an invasion of privacy if released. Examples include student name; parent/guardian name, email and telephone number; student email; and photograph. This form is valid from this day forward for the present school year only.

OPTIONS - NO RESTRICTION

The district may release directory information. You do not need to complete this form.

LIMITED RESTRICTION

The district MAY RELEASE directory information, EXCEPT (check all that apply):

☐ **No School Directory / School-Related Organizations –** I **do not** want my name, my student's name or any family contact information released to school-related organizations such as the PTA and booster clubs. I understand that this means my student will not be included in a school directory.

☐ **No Yearbook / Class Photos Use** – I **do not** want my student's photograph or name to appear in the yearbook or in official class photos.

☐ **No Publicity – do not want** my student's photograph, video or name to be used on the school, or district website, social media, or in any district publication produced by and made available to the public by the district. To the extent that the district controls access by news media reporting on school programs and topics during school hours, I do not want the news media to identify my student by name, interview, photograph, or video.

COMPLETE RESTRICTION

☐ **No Information.** The district **may not release** any directory information about my student. I understand that this means that information about and pictures of my student will not appear in any school publications that are made public such as yearbooks, official class photos, athletics, music, drama or graduation programs, and honor lists. It also means that my name and contact information, and my student's name, will not be provided to the school PTO or other parent/guardian group, which may publish a student directory. It also means that my student's image and voice will not appear on the school website, a teacher website or in any publication produced by and made available to the public by the district.

This is the most restrictive option. Selecting this option restricts the school and district from releasing any personally identifiable directory information about a student, including basic details like their name or photo. DO NOT select this option if you wish your student to be in the yearbook or class photo, identified in a music or drama program or listed in a team roster. Instead, check one or more of the Limited Opt Out options above.

Please sign and return to the school office only if you have read and understand the options above.

Print Student Name: _____ Date of Birth: _____

Print Parent/Guardian Name: _____ School: _____

Parent/Guardian Signature: _____ **Date:** _____

Office: Record in Synergy and file in student's cumulative file

Delegation of Parental/Guardian Power

The Delegation designates another person (called the “attorney-in-fact”) to make decisions regarding a minor child/ren in lieu of the child/ren’s parent or legal guardian. **The “attorney-in-fact” can be any reliable person and does not have to be a lawyer.** It is not a court order. It is accepted by many, but not all, people or organizations as proof that the person has the legal right to make decisions for the child/ren.

Go to the next pages for the fillable forms for Delegation and Revocation of Parental / Guardian Powers.

Delegation of Parental Powers Form

Notice to person receiving this form: ORS 109.056 allows a parent or guardian of a minor child to delegate parental powers to another person for six months (or 12 months if the person is a school administrator) using a delegation of parental authority. If you receive a signed copy of this form, you must allow the person named in this form to make decisions for the minor named in this form. If you have questions about your responsibilities upon receiving this form, please talk to a lawyer.

Parent or Guardian Certification

I certify that I (full legal name): _____ am the legal parent or guardian of the following minor children:

_____ _____
Child #1's full legal name Date of birth

_____ _____
Child #2's full legal name Date of birth

_____ _____
Child #3's full legal name Date of birth

Delegation of Powers

Pursuant to ORS 109.056, I delegate parental powers for the above-named children to:

_____ _____
Full legal name Date of birth

_____ _____
Email Phone number

_____
Address

I designate the above-named person to be my attorney-in-fact. This person may exercise the following parental powers for the children named in this form (*select all that apply*):

☐ **Medical authority.** The person named in this form may make all medical decisions, including routine care, dental care, emergency care, and other medical decisions, for the children named in this form. This person shall have access to all medical and dental records for the minor children named in this form.

☐ **Educational authority.** The person named in this form may make all educational decisions, including enrolling the children in school and attending school activities, for the children named in this form. This person shall have access to all educational records for the minor children named in this form.

☐ **Access to government records.** The person named in this form may inspect and receive governmental agency and law enforcement records concerning the children named in this form to the same extent as the parent or guardian.

☐ **Other authority.** I also grant the person named in this form the following specific powers *(write-in)*:

This delegation does not include the power or authority of the person named in this form to consent to the minor child/ren's marriage or adoption.

Length of Authority

I give permission for the person named in this form to make the above decisions for my child for (*choose one):*

☐ Six months from the date this form is signed.

☐ For a period not to exceed six months, beginning upon the occurrence of arrest, deportation, incapacity, or similar event that renders the above-mentioned minor child/ren without an available parent or legal guardian, and ending six months from that date. I reserve the right to revoke this authority at any time.

☐ Through my active military duty period, plus 30 days.

☐ For 12 months from the date this form was signed, IF this form is only being used to give a school administrator permission to make educational decisions for the minors named above.

I reserve the right to revoke this authority at any time.

_____
Date

_____ _____
Name of parent or guardian Signature of parent or guardian

I hereby accept the powers granted to me in this form and agree to act as attorney-in-fact for the minor named in this form.

Please sign and return to the school office only if you have read and understand the options above.

_____ _____
Name of attorney-in-fact Signature of attorney-in-fact

Revocation of Parental Authority Form

Notice to person receiving this form: If you receive this form, the attorney-in-fact named in this form may not continue to make decisions for the minor children named below. This person may not continue to receive information or records related to the children. If you previously gave this person access to records through a website, app, or online portal, please review this person's permissions to ensure they no longer have access to the children's private information and records. If you have questions about your obligations upon receiving this form, please talk to a lawyer.

I *(name of parent or guardian):* _____ hereby

revoke (cancel) the delegation of parental authority granted to *(name of attorney-in-fact):*

_____ for the following minor children:

_____ _____
Child #1's full legal name Date of birth

_____ _____
Child #2's full legal name Date of birth

_____ _____
Child #3's full legal name Date of birth

The above-named person's authority to act as attorney-in-fact for me is revoked on the date listed below.

Please sign and return to the school office only if you have read and understand the options above.

_____
Date

_____ _____
Name of parent or guardian Signature of parent or guardian

Authorization to travel with a minor

To whom it may concern:

I _____ acknowledge that _____
(Name of Parent/Guardian) *(Name of traveling adult)*

is traveling out of the country with my child/children:

_____ _____
(Name of traveling child) *(DOB)*

_____has my permission to travel with her/her/them outside of the country.
(Name of traveling adult)

My contact information is: _____

Signed,

Parent/Guardian signature _____

Parent/Guardian name printed: _____

State of Oregon

County of _____

Signed (or attested) before me on (Date) _____20_____by (name(s) of

individual(s). _____

_____ _____
Notary Public – State of Oregon Official Stamp

Child's Important Information

Keep this information so those you designate to care for your child in your absence have all the information they need. Fill out one for every child.

Primary Information	
Child's Name	
Child's Date of Birth and Age	
Child's Cell Phone	
Child's Address	
Child's Siblings and Their School(s)	
Child's School	
Address	
Phone	
Principal	
Teacher(s)	
Classroom Number	
Grade Level	
Student ID Number	
Does the child have an IEP or 504? Include copies of school support plans.	
Does the child have ELL or other services? Include copies of school support plans.	
After School Program	
Address	
After School Program Contact Name	
Phone	
Other Camp/Sports/Program	
Phone	

Child's Important Information

Keep this information so those you designate to care for your child in your absence have all the information they need. Fill out one for every child.

Primary Information	
Child's Name	
Child's Date of Birth and Age	
Child's Cell Phone	
Child's Address	
Child's Siblings and Their School(s)	
Child's School	
Address	
Phone	
Principal	
Teacher(s)	
Classroom Number	
Grade Level	
Student ID Number	
Does the child have an IEP or 504? Include copies of school support plans.	
Does the child have ELL or other services? Include copies of school support plans.	
After School Program	
Address	
After School Program Contact Name	
Phone	
Other Camp/Sports/Program	
Phone	

Primary Information Continued	
How does child get to/from school and activities?	
Who is authorized to pick up child from school and/or bus stop?	
Allergies	
Dietary Needs	
Medical Conditions	
Medical Protocols and Instructions	
Medications and Dosages	
Medical Power of Attorney	
Doctor	
Phone	
Address	
Pharmacy	
Mental Health Therapist	
Health Insurance Company	
Health Insurance Company Group Number	
Dentist	
Phone	
Address	
Dental Insurance Company	
Dental Insurance Company Group Number	

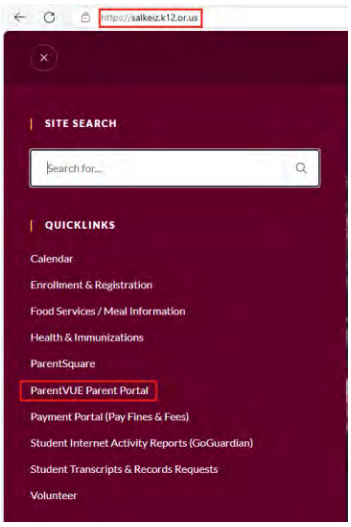
Primary Information Continued	
How does child get to/from school and activities?	
Who is authorized to pick up child from school and/or bus stop?	
Allergies	
Dietary Needs	
Medical Conditions	
Medical Protocols and Instructions	
Medications and Dosages	
Medical Power of Attorney	
Doctor	
Phone	
Address	
Pharmacy	
Mental Health Therapist	
Health Insurance Company	
Health Insurance Company Group Number	
Dentist	
Phone	
Address	
Dental Insurance Company	
Dental Insurance Company Group Number	

Emergency Numbers and Important Contact Information	
Mother/Parent/Guardian Name	
Home Phone (with Country Code)	
Cell Phone (with Country Code)	
WhatsApp Number	
Facebook Messenger Name	
Work Address	
Work Phone	
Father/Parent/Guardian Name	
Home Phone (with Country Code)	
Cell Phone (with Country Code)	
WhatsApp Number	
Facebook Messenger Name	
Work Address	
Work Phone	
Living Grandparents	
Phone and Address	
Care Needs	
Other Emergency Contact and Relationship	
Phone and Address	
Other Emergency Contact in Lane County	
Phone and Address	
Other Emergency Contact in United States	
Phone and Address	
Other Emergency Contact In Origin Country	
Phone (with Country Code) and Address	

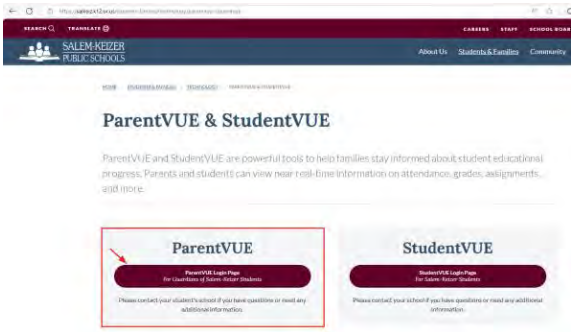
Miscellaneous Information	
Car Make / Model	
License Plate Number	
Car Insurance Company	
Car Insurance Company Agent Name	
Car Insurance Company Agent Phone	
Insurance Policy Number	
Attorney/Non-Profit Legal Services Provider	
Address	
Phone	
Life Insurance Policy Number / Information	
Beneficiaries	
Pet Information - Name(s), veterinarian, etc.	
P.O. Box Number, Keys, and Location	
PIN Code (Financial)	
PIN Code for Phone(s)	
SNAP Card Information / Location	
TANF Card Information / Location	
Child's Favorite Food, Toy, etc.	
Family Photos	

Updating Contact Information Using Online Registration in ParentVUE

1. Go to the **Salem-Keizer District website:** https://salkeiz.k12.or.us
   a. Click on **Search** and select **ParentVUE Parent Portal**.

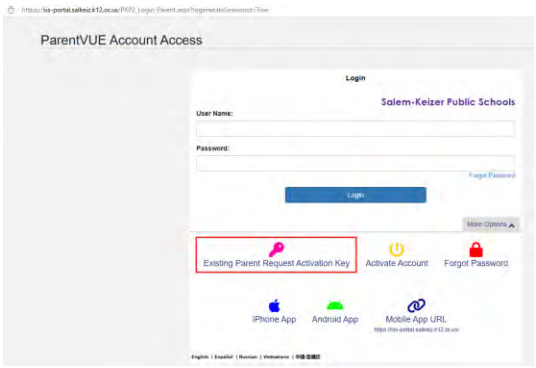


2. Select **ParentVUE** to log into your account.

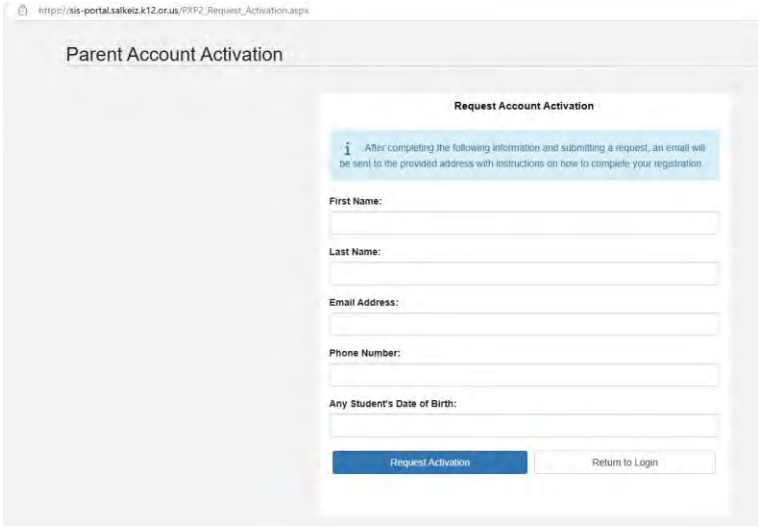


3. Enter your **Username** and **Password**.

   a. If you have never activated your account and do not have an activation key, please select **Existing Parent Request Activation Key**.

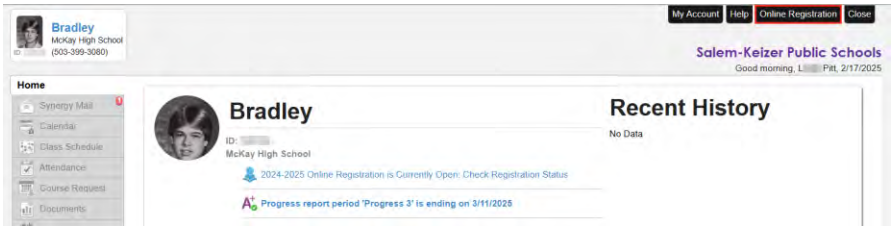


   b. Complete and submit the **Request Account Activation**.

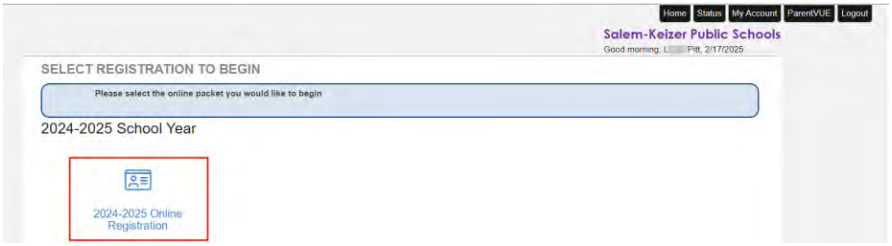


   c. An email will be sent to the address provided with instructions on how to complete your account registration.

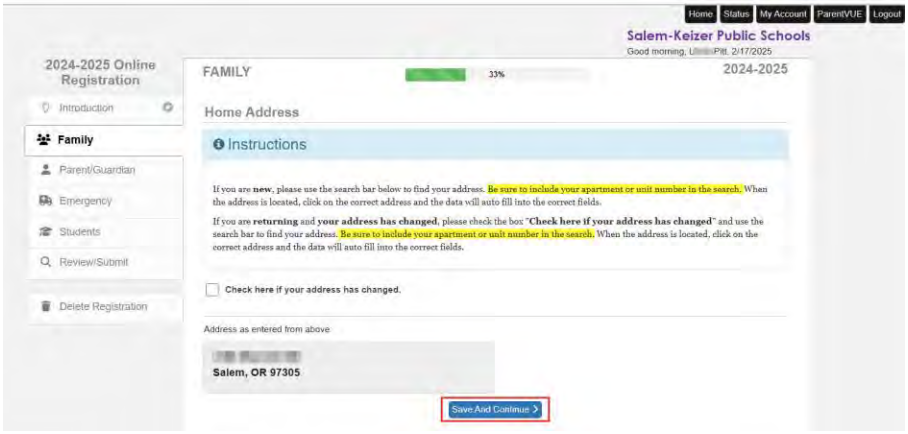
4. Once signed into your ParentVUE account, click on **Online Registration**.



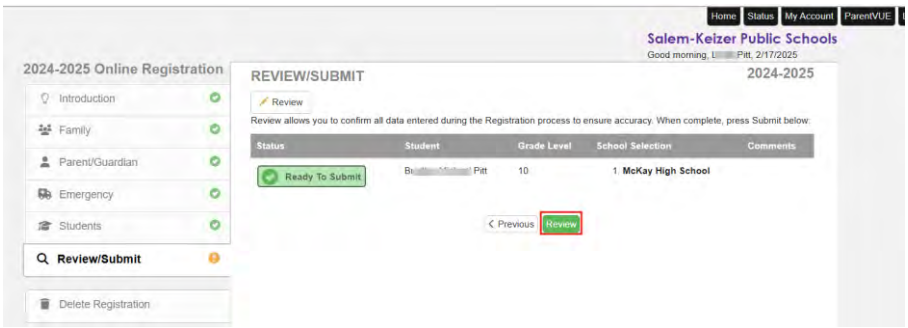
5. Click on the school year **Online Registration** link.



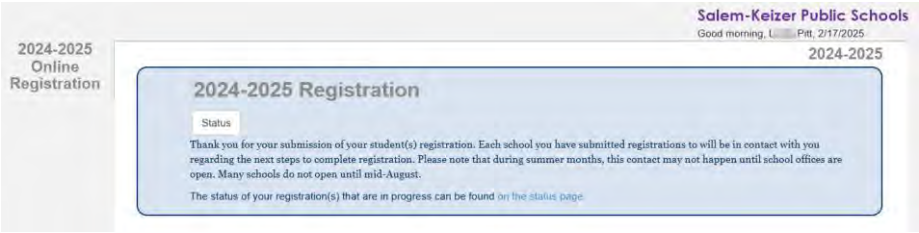
6. Review each page. Click **Save and Continue** to advance to the next page.



7. You must complete the **Review/Submit** section to submit changes.

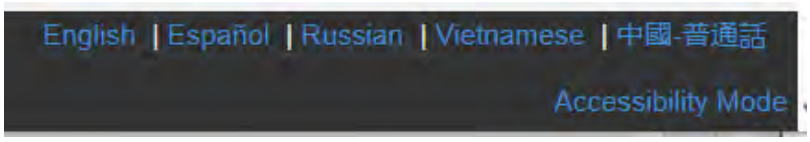


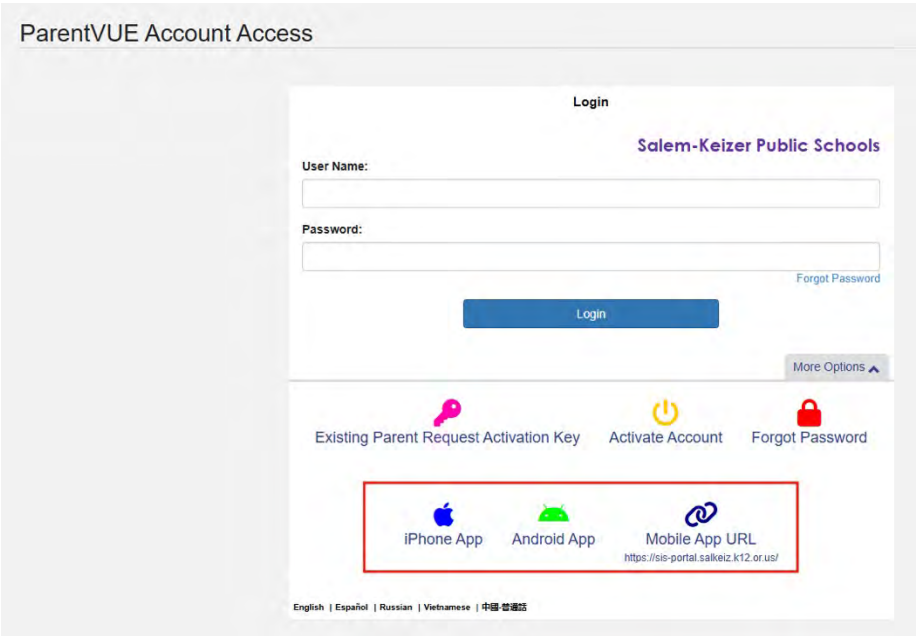
8. If the changes have been successfully submitted, you will see the following message:



9. ParentVUE can be viewed in multiple languages.

   a. Click on the preferred language and **Accessibility Mode** if needed.



   b. For additional language support, please contact Language Services at (503) 399-3456.

10. The ParentVUE app is available on both iPhones and Android devices.