

GRADE\_\_\_\_ La Canada Unified School District – Emergency Form TEACHER\_\_\_\_  
(Please type or print firmly with ballpoint pen...Submit each year)  
Student's Name\_\_\_\_ M F Student Soc. Sec. # \_\_\_\_-\_\_\_\_-\_\_\_\_  
(last) (first) (middle)  
Address\_\_\_\_ Birth date\_\_\_\_ Phone\_\_\_\_  
(city) (zip)

Note special medical problems/allergies to medications: \_\_\_\_\_

Father\_\_\_\_ Bus. Ph. ( )\_\_\_\_ Pgr/Cell ( )\_\_\_\_  
(last) (first)  
Business Address\_\_\_\_  
(company) (address) (city) (zip)  
Mother\_\_\_\_ Bus. Ph. ( )\_\_\_\_ Pgr/Cell ( )\_\_\_\_  
(last) (first)  
Business Address\_\_\_\_  
(company) (address) (city) (zip)  
Name of person with whom student resides if different from above: \_\_\_\_\_

Family Physician or Practitioner\_\_\_\_ Address\_\_\_\_ Bus. Ph. ( )\_\_\_\_  
List **Two** local alternates to whom your child may be released if unable to contact parent:

Name\_\_\_\_ Address\_\_\_\_ Phone ( )\_\_\_\_ Relationship\_\_\_\_  
Name\_\_\_\_ Address\_\_\_\_ Phone ( )\_\_\_\_ Relationship\_\_\_\_

**Emergency medical Authorization**

I am the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I 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.

On\_\_\_\_ at\_\_\_\_, California.  
(date) (city)

In the event of a disaster, if parents or a alternates are not available, my child may be released to an adult familiar to them. Yes No  
The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorization.

\_\_\_\_\_  
Signed (father or male guardian)

\_\_\_\_\_  
Signed (mother or female guardian)

**Are there home address/phone changes from last year?** Yes No

Note: Signature of BOTH parents needed unless single parent or guardian with sole legal custody. If you are a single parent with sole legal custody, please circle your name and submit a copy of court order authorizing sole custody to school office.

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