

## CENTRAL VALLEY SCHOOL DISTRICT EMERGENCY RELEASE & NOTIFICATION FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Teacher \_\_\_\_\_

School (Please check)       Barringer Road Elementary                       Harry M. Fisher Elementary  
 Gregory B. Jarvis Middle School                       Central Valley Academy

### PARENT/GUARDIAN INFORMATION

Father/Guardian <input type="checkbox"/> Primary Residence	Mother/Guardian <input type="checkbox"/> Primary Residence
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Mailing Address if different: _____	Mailing Address if different: _____
Place of Employment: _____	Place of Employment: _____
Home Phone: _____	Home Phone: _____
Cell/Alternate Phone: _____	Cell/Alternate Phone: _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____
Other relationship if applicable: _____	Other relationship if applicable: _____

***Phone numbers - Automated Notification (The system cannot dial extensions)***

**Internet accessibility:** Do you have internet access available at home?     Yes     No

### RELEASE/ADDITIONAL CONTACT INFORMATION

Please provide the names of at least two local adults you authorize to pick up your child in your absence. (Note: We may require the person to present photo ID to ensure the safety of your child.) A written and dated note is required to release your child to anyone not listed below.

Name	Relationship	Address	Phone

### OTHER CHILDREN IN HOUSEHOLD – infant through grade 12

Name	Date of Birth	Grade	Teacher

### DISMISSAL IN THE EVENT OF AN EMERGENCY CLOSING

It may become necessary to dismiss school before regular time. The school may not be able to notify parents. The information we are requesting will only be used under those circumstances. Review the procedure with your child so they know where to go. Please check one option:

No change necessary – go home as usual

Go to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL/POWER OF ATTORNEY

#### EMERGENCY POWER OF ATTORNEY

In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named below and to follow his instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office or hospital for necessary emergency treatment including x-rays, laboratory tests or whatever medical or surgical procedures. I hereby authorize such physician to render such medical and surgical treatment and agree to pay the customary fees or charges for such treatment.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

#### PLEASE COMPLETE THE FOLLOWING:

Allergies: \_\_\_\_\_

Previous Injuries or Surgery: \_\_\_\_\_

Blood Type \_\_\_\_\_ Insurance Company \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

Local Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

### AUTHORIZATION TO CARRY/APPLY SUNSCREEN IN SCHOOL

My child has permission to carry and use topical sunscreen products approved by the federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness. I understand if my child is unable to apply sunscreen on their own, they may be assisted by unlicensed school personnel.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand my obligation to request and complete a new form when any information on this form changes. I understand that the home, cell/alternate numbers and email address that I provide for automated notification will be used for both emergency and non-emergency purposes.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### STUDENT PHOTO USE IN MEDIA

From time to time, student photos, video, audio, information (name, grade level, teacher, school, honor roll, awards, art work, etc.) are released for use in district publications, on the district's website, in the media and on district-sanctioned social media websites to depict Central Valley School District activities. If you do not wish your child's image or information used for these purposes, you must notify your child's school in writing.