

Student Emergency Card / Parent Signature Card - 2008/2009

Student Name:		Home Address:				Female <input type="checkbox"/>
Last		City:	Zip:	Male <input type="checkbox"/>		
First	MI	Birthdate:	Grade:	10	11	12
Student Email:		Home Phone:		Student Cell:		
1st Call - Parent/Legal Guardian		Employer	Home Phone	Work Phone	Ext.	Cell Phone
2nd Call - Parent/Legal Guardian		Employer	Home Phone	Work Phone	Ext.	Cell Phone
List Two LOCAL people to be called regarding your child in the event of an emergency or disaster and we are unable to contact you:						
1)	Name	Relationship	Home Phone	Work Phone	Ext.	Cell Phone
2)						
Physician:	Phone:	Other:	Phone:			
Dentist:	Phone:	Other:	Phone:			
Health Insurance Provider	HMO	PPO	Policy/Plan/Med #			
	EPO	MC				
Special Health Considerations and Instructions: (Allergies, Drug Sensitivity, Etc)						
Other:						
Preferred Hospital:						
Last Tetanus Date:						
Current Medications:						
Is there any reason why this student should not participate in the regular physical education program? Yes No						
If Yes, please state the reason and provide a doctor's excuse:						
If none of the persons listed are available, I hereby authorize the principal or designee, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.						
I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician or dentist may deem necessary.						
This authorization shall remain effective for the school year unless revoked in writing and delivered to the school. I hereby indemnify the Los Gatos-Saratoga Joint Union High School District, its employees and its Governing Board from any liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.						
I understand the Los Gatos-Saratoga Joint Union High School District DOES NOT provide accident medical insurance for students for school related injuries.						
I recognize that participation in co-curricular activities is voluntary. I agree to hold harmless the Los Gatos-Saratoga Joint Union High School District and its employees and agents from any liability or responsibility for damages from any injury or accident sustained by our student while participating in or being transported to extra-curricular activities.						
Signature of Parent / Guardian: _____						Date: _____

(Continued on Reverse)

LGSUHSD Zero Tolerance Policy

Expulsion must be recommended for the following behaviors.

1. Causing serious physical injury to another person.
2. Possession of any knife, explosive, or other dangerous object of no reasonable use to the pupil.
3. Unlawful sale or distribution of any controlled substances.
4. Robbery or extortion
5. Assault or battery upon any school employee.

Refer to the section "Discipline" in your Annual Notification to Parents and Guardians for more detailed information, including other expellable offenses.
I have read and understood the Zero Tolerance information above:

Student Signature: _____ Date: _____ Parent Signature: _____ Date: _____

Student Technology Acceptable Use Agreement

I understand and will abide by the Student Technology Use Agreement of LGSUHSD. (Please read enclosed copy). I further understand that any violation of the regulation above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action pursued.

Student Signature: _____ Date: _____ Grade: _____ Year of Graduation: _____

Parent or Guardian Acknowledgement of Student Technology Acceptable Use Agreement

I have read the attached copy of the Acceptable Use of Technology Student Contract of LGSUHSD. I understand that these privileges are designed for educational purposes. I will not hold LGSUHSD responsible for material acquired or problems related to the use of the material acquired on the network. I hereby give my permission for my child to utilize LGSUHSD network services and certify that the information contained in this form is correct. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Parent Name (Please Print): _____ Parent Signature: _____ Date: _____

Photo/Video Taping Release

Instead of having to obtain permission each time a student is photographed or videotaped, we would like to have permission from you which would cover the entire school year. These tapes and photos are for school use and may appear on printed material, on the District or school websites, or on video tapes about the District.

I agree to have my photo/video used as indicated above. I agree to have my student's photo/video used as indicated above.

Student Signature: _____ Date: _____ Parent Signature: _____ Date: _____

Acknowledgement of Parent or Guardian Annual Rights Notification

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections.

Parent Signature: _____ Date: _____

Acknowledgement of School Attendance Policy

I understand and will abide by the school's Attendance Policy (Please refer to the school's Student Handbook.)

Student Signature: _____ Grade Level: _____

Parent Signature: _____ Date: _____