

**SUTTER UNION HIGH SCHOOL DISTRICT**  
**Parent/Student Emergency Information**  
**2018/2019**

Please read and sign both sides of this questionnaire. Complete and accurate information is essential.  
As your son/daughter's "child care custodian," Sutter Union High School is responsible for their safety and well being.  
This information is crucial in the event we need to contact you during school hours.  
If this information changes during the current school year, please come by the office to update data.

**STUDENT'S NAME**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

PHYSICAL STREET ADDRESS(Not P. O. Box) \_\_\_\_\_ CITY \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS(IF DIFFERENT FROM PHYSICAL STREET ADDRESS) \_\_\_\_\_ CITY \_\_\_\_\_

FOR RETURNING STUDENTS  
NEW ADDRESS OR PHONE NUMBER FROM 2017/2018?  YES  NO

PARENT/GUARDIAN NAME \_\_\_\_\_

MOTHER'S WORK PHONE \_\_\_\_\_ FATHER'S WORK PHONE \_\_\_\_\_

MOTHER'S SECONDARY PHONE \_\_\_\_\_ FATHER'S SECONDARY PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF PARENT CANNOT BE REACHED (EMERGENCY CONTACT WHO HAS AUTHORIZATION TO PICK STUDENT UP FROM SCHOOL):**

1. \_\_\_\_\_  
NAME RELATIONSHIP HOME PHONE WORK PHONE

2. \_\_\_\_\_  
NAME RELATIONSHIP HOME PHONE WORK PHONE

3. \_\_\_\_\_  
NAME RELATIONSHIP HOME PHONE WORK PHONE

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administering of any treatment deemed necessary by:

\_\_\_\_\_ PREFERRED PHYSICIAN \_\_\_\_\_ OFFICE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PREFERRED DENTIST \_\_\_\_\_ OFFICE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible.

PHYSICAL CONDITIONS THAT SHOULD BE WATCHED \_\_\_\_\_

MEDICATION MY SON/DAUGHTER USES \_\_\_\_\_

please complete other side...

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

*Should any of the above information change, please notify the office*

**SUTTER UNION HIGH SCHOOL DISTRICT  
STUDENT/PARENT NOTIFICATION  
RIGHTS AND RESPONSIBILITIES  
2018/2019**

California State Law governs the basic operation of public schools. These laws require that the school district adequately inform students and parents of their legal rights and responsibilities. Sutter Union High School District complies with this by mailing the Student/Parent Information Handbook to parents and guardians at the beginning of each school year and by issuing the same publication to the families of new students as they enter our district during the year. Parents and students must sign a notification form and return it to their school acknowledging they have been informed of their rights. (Ed. Code 48980)

I/We have received and have read the following information and agree to abide by rules and regulations that govern students attending Sutter Union High School and/or Butte View Continuation High School.

- General Parent Rights
- Parent/Student Rights Relating to Student Records
- Drug Free School and Workplace
- Uniform Complaint Procedure
- Asbestos Management
- California Gun Free School Zone Laws
- Procedure for Visiting Campus
- School Rules/Regulations
- Policy on Prohibition of Harassment and Violence
- Voluntary Home/School Responsibility Compact
- Athletic Policy
- Technology Contract (Computer Policy & Internet Policy )

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Sutter High School publishes numerous publications throughout the school year. Photographs of students, taken at Sutter High school events, are often used in the publications. If you do not feel comfortable with this practice, please indicate by signing below:

I request my son/daughter's picture NOT be published \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE