

OROVILLE UNION HIGH SCHOOL DISTRICT

Emergency Notification Information

Student's Name

Class

Teacher's Name

Teacher's Phone

Parent/Guardian Name (if student is a minor)

Relationship to Student

Parent/Guardian Daytime Phone

Parent/Guardian Alternate Phone/Cell

OTHER EMERGENCY CONTACT

(The District will first attempt to contact the parent/guardian listed above)

Name of Nearest Relative or Friend

Relation to Student

Address

Phone/Cell

Family Doctor

Phone

District staff has my permission to authorize emergency medical treatment.

YES _____ NO _____ (If "NO", please explain) _____

Student Signature

Date

Parent/Guardian Signature (if student is a minor)

Date

A copy of this form will be included in the student's placement folder.