



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

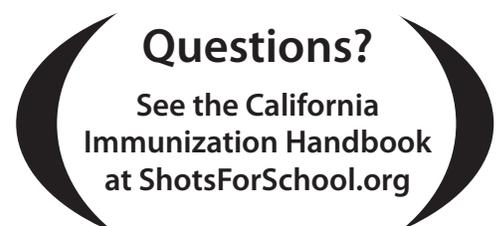
DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.





BOARD OF EDUCATION

Mrs. Kathy Allavie, *President* | Mr. Tom Hunt, *Vice President*

Mr. Brent Lee, *Clerk* | Mrs. Patricia Lock-Dawson, *Member* | Dr. Angelov Farooq, *Member*

David C. Hansen, ED.D., *Superintendent*

Mr. Timothy R. Walker, Assistant Superintendent, Pupil Services/SELPA
Mr. Raúl Ayala, Director of Pupil Services

2020-2021 School Year - Establishing Proof of Residency

In accordance with California Education Code, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

Acceptable Documents Used to Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date.
(Note: Schools may ask for the final closing docs after the 30-day date to assure residence).
- Lease/rental agreement *with* receipt from property owner;
- Mortgage statement
- Utility service contracts, statements, or payment receipts, (Gas, Electric, Water providers).
- Employer's verification of address (i.e. pay stub);
- Proof of Insurance – car or home;
- Electronic payment receipt of monthly payments or security deposit or cancelled checks;
- Statements from medical providers, (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address – online confirmation;
- Mail from state or federal government agencies; (i.e., Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, voter registration, taxes
- Court documents regarding foster care, guardianship, custody orders.

Documents NOT Acceptable:

- Cable, Trash, Telephone/Cellphone, bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements

Revised 2/2020

RIVERSIDE UNIFIED SCHOOL DISTRICT
3380 14th Street
Riverside, CA 92501
951-788-7135

BUSINESS SERVICES
6050 Industrial Avenue
Riverside, CA 92504
951-352-6729

CENTRAL REGISTRATION CENTER
5700 Arlington Avenue
Riverside, CA 92504
951-352-1200

RIVERSIDE UNIFIED SCHOOL DISTRICT

New Student Registration 2020-2021

1) STUDENT INFORMATION			
Student Last Name	Student First Name	Middle Name	
Legal Name, if different		Family Email Address	
Current Street Address		City	Zip Code
Mailing Address, if different		City	Zip Code
Home phone ()	Father/Parent Cell ()	Mother/Parent Cell ()	
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Female		
2) LAST SCHOOL ATTENDED			
Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school?		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes*	*School:
3) FAMILY INFORMATION			
<i>Please include first and last name</i>		Check if student lives with	
Father/Stepfather/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian		<input type="checkbox"/>	
Mother/Stepmother/Parent		<input type="checkbox"/>	
Foster/Caregiver/Guardian		<input type="checkbox"/>	
Is Either Parent/Guardian on Active Duty in the Armed Forces? (Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Active, What Branch?		<input type="checkbox"/> Air Force	<input type="checkbox"/> Army
		<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines
		<input type="checkbox"/> Navy	
4) OTHER CHILDREN LIVING AT HOME			
Name (first and last)	Date of Birth	Grade	School
5) HEALTH INFORMATION			
Check all that apply:			
<input type="checkbox"/> No known health problems		Comments:	
<input type="checkbox"/> Allergies (please explain)		_____	
<input type="checkbox"/> Attention Deficit/Hyperactivity		_____	
<input type="checkbox"/> Asthma (<input type="checkbox"/> Inhaler dependent*)		_____	
<input type="checkbox"/> Diabetic (<input type="checkbox"/> Insulin dependent*)		_____	
<input type="checkbox"/> Seizures/Epilepsy (<input type="checkbox"/> Medication required*)		_____	
<input type="checkbox"/> Surgeries		_____	
<input type="checkbox"/> Serious Illness (please explain)		* REQUIRES DOCTOR'S NOTE/COMPLETION OF DOCTOR'S AUTHORIZATION FORM	
<input type="checkbox"/> Other Medical (please explain)		** SEE PARENT HANDBOOK FOR MORE HEALTH SERVICES INFORMATION	
<input type="checkbox"/> Other Medications* (please explain)			

6) SPECIAL PROGRAMS

- Yes, my child has a current Individualized Education Plan (IEP)
- Speech Therapy
- Resource Specialist Program (RSP)
- Special Day Class (SDC)
- 504 Accommodation Plan
- My child has been tested for special education

- Gifted and Talented Education (GATE)
- Behavior Plan/Behavior Contract
- Student Study Team
- Foster/Group Home
- Homeless/McKinney-Vento
- Other _____
- NONE

7) PAST BEHAVIOR HISTORY**SUSPENSION:**

- My child **has** previously been suspended from a public/private school.*

EXPULSION:

- My child **has** been expelled from a public/private school or district. *
- My child **is currently** being referred for expulsion from a public/private school or district. *

* Parents are required by law to divulge this information (EC 48918)

8) PARENT EDUCATION LEVEL

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to **parents**:

- Not a high school graduate
- High school graduate
- Some college (2 or 4 yr College or University)
- College graduate
- Graduate school/Post graduate training
- Declines to state or unknown graduate

9) STUDENT ETHNICITY

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

10) STUDENT RACE (select one or more)

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Japanese
- Korean
- Laotian
- Other Asian
- Other Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- White

***** PARENT/GUARDIAN SIGNATURE*****

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature

Date

Riverside Unified School District prohibits discrimination, harassment, intimidation, or bullying in all district programs, activities, and employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, age, sex, sexual orientation, parental or marital status, pregnancy, or association with a person or a group with one or more of these actual or perceived characteristics. **If you have any complaints or questions regarding this policy you may contact** Senior Administrator for Pupil Services or the District Complaint Officer 5700 Arlington Avenue, Riverside, CA 92504, (951) 788-7135 or (951) 352-1200

REV. 12/19

OFFICE USE ONLY

GRADE:

Student ID:

REGISTRATION COMPLETE

DOCUMENTS VERIFIED:

- Photo ID
- Caregiver
- Proof of Address
- Proof #1 Date: _____
- Proof #2 Date: _____
- Birth Verification
- Emergency Card
- Immunization record
- Physical
- Custody documents
- Health History Form
- Transcripts
- Student Housing Questionnaire
- Home Language Survey
- Mandatory Parent Notification Receipt
- Parent Handbook
- Lunch Application

SCHOOL OF RESIDENCE:

BOARD OF EDUCATION
Kathy Allavie, President
Tom Hunt, Vice President,
Brent Lee, Clerk
Patricia Lock-Dawson, Member
Dr. Angelov Farooq, Member

Riverside Unified School District

PUPIL SERVICES/SELPA DEPARTMENT
5700 Arlington Avenue
Riverside, California 92504

(951) 352-1200
FAX: (951) 274-4202

David C. Hansen, Ed.D.
District Superintendent



PARENT NOTICE: NON-RELEASE OF DIRECTORY INFORMATION FOR COLLEGES/UNIVERSITIES, POTENTIAL EMPLOYERS AND MILITARY RECRUITERS

Colleges, universities, employers, and military recruiters may request school districts to release student contact information for 11th and 12th grade students. This information is known as “directory information” and it includes the student’s name, address, and telephone number. Federal law including the *No Child Left Behind Act* (NCLB) requires that school districts release this information upon request unless the parent has requested in writing that it not be released.

If you do not want the Riverside Unified School District to release directory information for your student, please fill out the form below and return it to your student’s school before November 20, 2020.

Date: _____ Name of School: _____

Student Name: _____ Student ID#: _____

I hereby request my student’s ***directory information***, including name, address, and telephone number, ***NOT*** be released to the following entities:

Check one or more below that apply:

_____ Military (United States Army, Navy, Air Force, Marines) and military schools

_____ Colleges, universities, and educational institutions

_____ Potential employers

Print Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Student

Date

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ Male Female Birthdate _____ Age _____ Grade _____

My child **does not** have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? Yes No During school hours? Yes No If yes,

Name of medication _____ Name of medication _____

Name of medication _____ Name of medication _____

If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office, (One form for each medication).

Check the box and explain if your child has a history of or now has the following conditions or concerns.

- Asthma** Mild Moderate Severe
 Inhaler at home Inhaler at school office
- Seizures** As an infant only
 Currently takes medication

- Allergies** Mild Moderate Severe
 Bees/insects
 Foods _____
 Seasonal Hay fever
 Allergic to Medication _____
 Other _____
 EpiPen at home EpiPen at school

- Physical Limitations** _____
 Special Equipment needed at home
 Special Equipment needed at school

Heart Murmur/Disease _____

Other Conditions _____

Diabetes Type I Type II

- Has your child been hospitalized for diabetes? Yes No
If yes, give date and explain hospital course: _____
- Can your child monitor his/her blood glucose level independently? Yes No
- Can your child tell if he/she is having symptoms of high or low blood glucose levels? Yes No
If yes, what are his/her symptoms? _____
- Has Glucagon ever been given to your child? Yes No Last given: _____

Is your child **currently** under a doctor's care for any of the above? Yes No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

- Doctor's orders completed including parent and physician signatures.
 Diabetic Supplies
 Snacks
 Signed *Diabetic Treatment Plan for School* indicating parent review

Original to Cum Faxed to District Nurse 951-274-4200 (Internal #83100) Health Assistant Teacher



STUDENT NAME: _____ DATE OF BIRTH: _____

STUDENT HOUSING QUESTIONNAIRE

The purpose of this questionnaire is to identify students living in homeless situations. Completing the information below will ensure that a homeless student is provided with the educational rights, protections, and services under the federal McKinney-Vento Homeless Education Assistance Act.

Does not apply; student is not homeless (if this box is checked, please proceed to sign and date at bottom)

If your family is experiencing homelessness, please select one of the following statements:

- Living in a shelter, including transitional housing shelters (i.e. Path of Life Family Shelter);
Please provide name of shelter: _____
Shelter Address: _____
- Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation;
Please provide information regarding area in which student is living:

- Living in a hotel/motel for lack of other suitable housing; Please list name and address of hotel/motel (including room #):

- TEMPORARILY** Doubled-up; living with family or friends due to lack of adequate housing or economic hardship.
Please provide address of where student is living:

Please answer the following if you checked one of the four boxes above:

Date student moved into this address: _____

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Is a parent living in the home with the student? _____

If not, with whom is the student living? _____ Relationship: _____

Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:

NAME	GRADE	DATE OF BIRTH	SCHOOL	DISTRICT

I declare under penalty of perjury of the laws of California that the information I have provided is true and correct.

Parent/Legal Guardian/Caregiver/Unaccompanied Student

Print Name

Date

For Office Use Only:

If student qualifies for the homeless program scan and email this form to Jaemy Zavala in Pupil Services:

jzavala@riversideunified.org

Name of school site personnel receiving this form: _____

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RIVERSIDE UNIFIED SCHOOL DISTRICT
SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2020-2021
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the *Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK* on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website: http://riversideunified.org/departments/pupil_services/parent_handbook/

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)
As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name _____ DOB _____

School _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- Yes, I give** permission for my student to be photographed or videotaped. (*as outlined above*)
 No, I do not give permission for my student to be photographed or videotaped. (*unless I have been reached to give special permission*)

Acceptable Use Agreement

- Yes, I/We hereby agree** to comply with the Acceptable Use Policy.
 No, I do not agree to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name

- Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
 No, I do not give permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2020-2021*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature

Student Signature

Date

2020-2021 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____ Gender: M / F _____ Grade: _____ Age: _____ Birthdate: _____
Genero Genero Grado Edad Fecha de Nacimiento

Name _____
Last / Apellido First / Nombre

Address _____ Zip Code _____ Home Phone _____
Domicilio Código Postal Teléfono

Father/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor Num. del Trabajo

Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico Vive con el estudiante

Mother/Guardian Name _____ Work Phone _____ Cell _____
Padre/Tutor Num. del Trabajo

Email Address _____ Lives with student _____ Yes _____ No
Correo Electrónico Vive con el estudiante

List medical conditions that may require special attention _____
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication _____
Nombre del medicamento recetado

Physician's Name _____ Phone _____
Nombre del doctor Teléfono

Is there a court order restraining any person from this student? _____ Yes _____ No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: _____
Si marco que si anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school with prior written notice from the parent/guardian. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. Students may only be released to adults, 18 years of age or older. Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una nota de previo aviso por escrito del Padre/Tutor. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.

Table with 3 columns: Name / Nombre, Relationship to student / Parentesco con el estudiante, Home/Work/ Cell Telefono de casa/trabajo/ cell. Multiple rows for listing contacts.

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.
En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____ Date _____
Firma de Padre/ Tutor Fecha