

ACTIVE DUTY – Is either parent/guardian on active duty in the United States Armed Forces (Army, Navy, Marine Corps, Air Force, Space Force, or Coast Guard) or on full-time National Guard duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is that parent/guardian's most recent active military date?			
OTHER CHILDREN LIVING AT HOME			
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
NAME		BIRTHDATE	SCHOOL
DUPLICATE MAILING – If divorced/separated and joint custody allows duplicate mailing/information to be given to other parent, please include their name and address			
Full Name		Phone Number	
Street		City	Zip Code
EMERGENCY CONTACTS – If parent/guardian unavailable			
ADULT OTHER THAN PARENT		ADULT OTHER THAN PARENT	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
ADULT OTHER THAN PARENT		ADULT OTHER THAN PARENT	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
HEALTH ALERTS – List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanuts and bee stings. If none, please indicate "none."			
Allergies		Medications	
Doctor	Doctor Phone Number	Medical Insurance	
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT			
The undersigned, as parent/legal guardian of _____ (print name of student here) a minor, hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Princeton Joint Unified School District ("District") 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 is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. 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 sole responsibility as the student's parent/guardian.			
PERMISSIONS			
I give permission for my child to attend LOCAL (in town) field trips. <input type="checkbox"/> Yes <input type="checkbox"/> No I give my permission for my child to be photographed for the school's yearbook and other media sources. <input type="checkbox"/> Yes <input type="checkbox"/> No All adults listed on this form are permitted to take my child from school. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian Signature _____

Date _____