



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

**TITLE:** Student Emergency Information Form

**NUMBER:** BUL-6303.1

**ISSUER:** Pia V. Escudero  
Executive Director  
Student Health and Human Services

**DATE:** July 5, 2022

**POLICY:** The Los Angeles Unified School District (LAUSD), in accordance with Education Code 49408, requires that the parent/legal guardian/education rights holder (“parent”) provide current emergency information. The parent's emergency information must include a home address and telephone number as well as a business address and telephone number, if available. For families who do not have a permanent address due to housing insecurity or alternate housing accommodations, see BUL-6718, Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System, section C., Immediate Enrollment for Transferring Students and Enrollment Procedures. The emergency information must also include a telephone number of a relative or friend who is authorized to care for the student in an emergency if the parent cannot be contacted. This information must be accurate and current as the information is utilized for the protection of student health and welfare, and to provide immediate communication with the parent.

**MAJOR CHANGES:** This Bulletin replaces BUL-6303, *Student Emergency Information Form*, dated June 16, 2014. The new form has an updated section for gender that now includes the option to select non-binary and supply the student’s chosen name.

**GUIDELINES:** The Student Emergency Information Form is a required document as part of the new student enrollment packet. It is also required that families complete this form annually, so the most updated contact and emergency information is maintained. Parents may obtain a hard copy of the Student Emergency Information Form from the school or download it from the LAUSD website, Families section > Parent Resources > School Resources > [School Forms and Resources](#) link. The Student Emergency Information Form is available in English, Spanish, Chinese, Korean, Tagalog, Russian, Armenian and Farsi.

Schools may also provide hard copies of the Student Emergency Information Form to parents upon request. Schools may access the most updated version by going to the [Pupil Services website](#) [achieve.lausd.net/pupil-services](http://achieve.lausd.net/pupil-services). Instructions for schools on how to access the most updated Student Emergency Information Form can be

## ROUTING

All Employees  
Principals  
PSA Coordinators  
PSA Counselors  
School Administrative Assistants



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found in Attachment A.

Parents should confirm that the information submitted is correct and updated as needed. The school may contact the parent to confirm the information is accurate.

## **Updating Contact Information**

It is important for the school to have current phone numbers for parents, guardians and authorized emergency contacts. Parents wishing to update information may contact the school directly or make changes to emergency contacts through Parent Portal. Parents can register for the Parent Portal at <https://parentportal.lausd.net>. Only existing emergency contact phone numbers may be updated via the Parent Portal. Schools may generate the New Emergency Contact numbers Report in MiSiS to view a list of students whose parent emergency contact numbers have changed or were added for a specific date range. This report helps a school identify whether these updates were made in MiSiS by school staff or by the parent in the Parent Portal. The MiSiS job aid for this report may be accessed [here](#). Any corrections to the address must be made through the school and schools shall provide a new Student Emergency Information form to obtain those updates. Parents shall submit the form with updates to the school in person or through the Parent Portal via the upload document feature. A change of address may require new proof of residence documentation. Refer to REF-6554, Opening Day Procedures: Supplemental Guide and Updates for additional information on residency verification.

## **RELATED RESOURCES:**

- [REF-6554](#), Opening Day Procedures: Supplemental Guide and Updates
- [BUL-6718](#), Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System
- [REF-5259](#), Use of New Student Enrollment Form

## **ASSISTANCE:**

For assistance or further information, please contact the Division of Student Health and Human Services at (213) 241-3840.



Student Health &  
Human Services

## Accessing Student Emergency Information Form in SharePoint

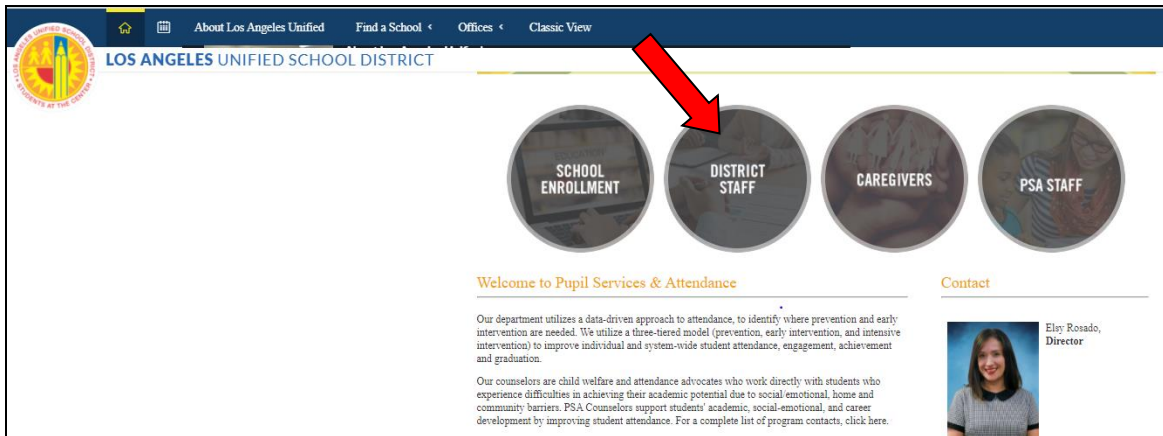
||

Schools may provide hard copies of the Student Emergency Information Form to parents who do not have access to a computer to complete and return.

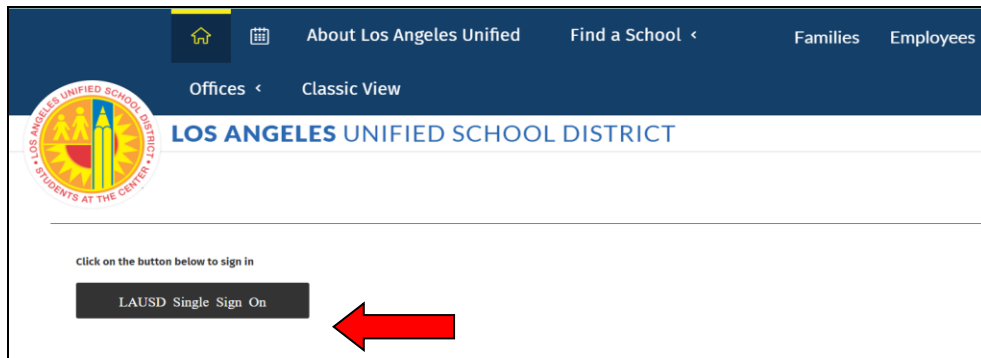
To access the most updated version of the Student Emergency Information Form, follow the instructions detailed in this handout.

### INSTRUCTIONS

- Step 1** Go to the Pupil Services Website [achieve.lausd.net/pupilservices](http://achieve.lausd.net/pupilservices). Click on the District Staff button

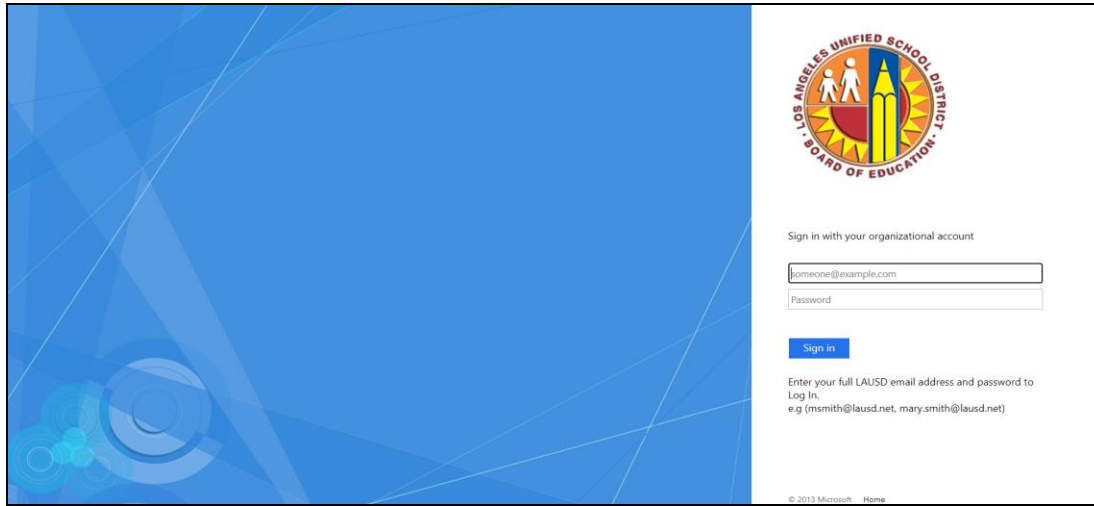


- Step 2** Click on the LAUSD Single Sign On button

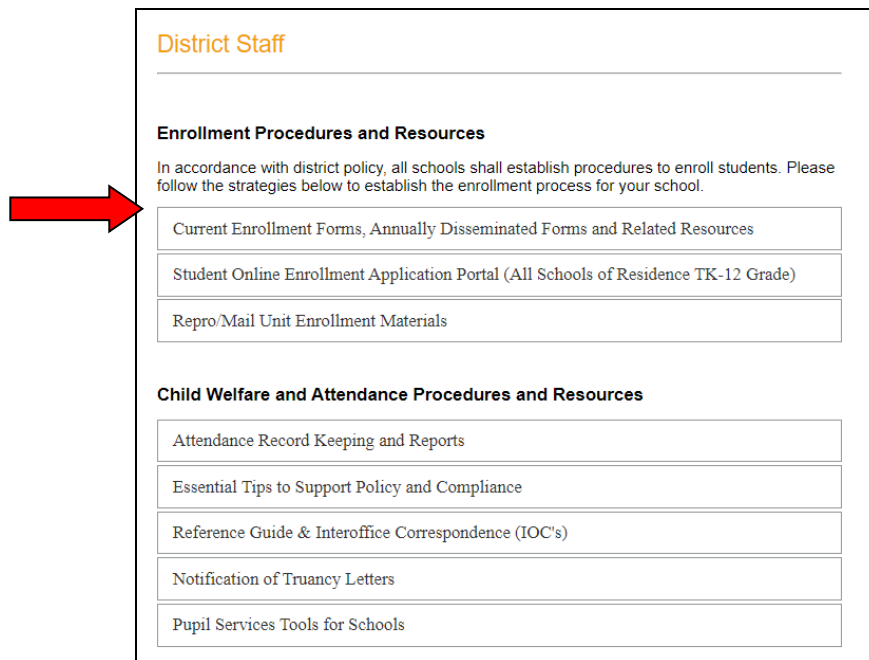




### Step 3 Enter your LAUSD Single Sign On information



### Step 4 Go to the Enrollment Procedures and Resources section. Click on Current Enrollment Forms, Annually Disseminated Forms and Related Resources





## Step 6 Click on Student Enrollment and Annually Disseminated Forms

**District Staff**

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**Enrollment Procedures and Resources**

In accordance with district policy, all schools shall establish procedures to enroll students. Please follow the strategies below to establish the enrollment process for your school.

**Current Enrollment Forms, Annually Disseminated Forms and Related Resources**

- [Student Enrollment and Annually Disseminated Forms](#)
- All schools must designate personnel to manage receipt and review of enrollment materials submitted by parents/guardians via the district student enrollment online portal (<https://enroll.lausd.net/>).
  - Due to security concerns regarding the electronic transfer of pupil records, schools should not accept nor request completed student enrollment documents from parents/caregivers by email. Emailing of these records is acceptable only within the District, between LAUSD personnel using district email accounts.
  - Please adhere to recommendations from the [Los Angeles County Department of Public Health](#) concerning the handling of documents.

## Step 7 Under Attendance and Enrollment Resources, click on New LAUSD Student Enrollment packet

**Attendance and Enrollment Resources**

Name	Modified	Sort
1. New LAUSD Student Enrollment packet	September 15, 2021	1
2. Continuing LAUSD Student packet (Annual Forms)	September 15, 2021	2
3. Student Online Enrollment Portal (Job Aids)	September 15, 2021	3



## Step 8 Go to the Basic Pre-Enrollment Packet

Attendance and Enrollment Resources > 1. New LAUSD Student Enrollment packet <sup>g8</sup>

Name	Modified
2. Basic Pre-Enrollment Packet	August 10, 2021
3. Additional Required Enrollment Forms	August 10, 2021
1. Student Enrollment Document Checklist 8.17.20.pdf	August 10, 2021

## Step 9 Select the folder with the desired language of Student Emergency Information Form

Attendance and Enrollment Resources > 1. New LAUSD Student Enrollment packet > 2. Basic Pre-Enrollment Packet

Name	Modified	Created By
Spanish	August 6, 2021	GOMEZ, EVELIN
Armenian	August 6, 2021	GOMEZ, EVELIN
English	August 6, 2021	GOMEZ, EVELIN
Chinese	August 6, 2021	GOMEZ, EVELIN
Korean	August 6, 2021	GOMEZ, EVELIN
Farsi	August 6, 2021	GOMEZ, EVELIN
Russian	August 6, 2021	GOMEZ, EVELIN
Tagalog	August 6, 2021	GOMEZ, EVELIN



**Step 10 Access the Student Emergency Information Form. This folder also contains other forms required for initial enrollment**

Attendance and Enrollment Resources > 1. New LAUSD Student Enrollment packet > 2. Basic Pre-Enrollment Packet > English <sup>g8</sup>

Name	Modified		
Affidavits-English	August 4, 2021	GOMEZ, EVELIN	GOMEZ, EVELIN
LAUSD Enrollment Form_English_8x11 paper. fillable 9.15.20.pdf	August 4, 2021	GOMEZ, EVELIN	GOMEZ, EVELIN
Student Housing Questionnaire (SHQ) ENGLISH fillable.pdf	August 4, 2021	GOMEZ, EVELIN	GOMEZ, EVELIN
Student Emergency Form_English fillable.pdf	August 4, 2021	GOMEZ, EVELIN	GOMEZ, EVELIN
1. LAUSD Pre Enrollment Guide English_rev 7.28.21.FINAL.docx	August 6, 2021	GOMEZ, EVELIN	Garuna, Alicia
LAUSD Enrollment Form-Race.Ethnicity.Cultural Heritage List_English.pdf	August 4, 2021	GOMEZ, EVELIN	GOMEZ, EVELIN
Parents Guide to Immunizations_English.pdf	August 4, 2021	GOMEZ, EVELIN	GOMEZ, EVELIN





## LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

**Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.**

STUDENT'S LAST NAME		FIRST NAME			CHOSEN OR PREFERRED NAME (if different)		M.I.	STUDENTS LAST NAME														
BIRTH DATE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY		GRADE	HOME LANGUAGE																	
STUDENT'S HOME ADDRESS -- NUMBER		STREET			APT #	CITY	ZIP CODE															
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>		STREET			APT #	CITY	ZIP CODE															
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME			RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	FIRST NAME														
WORK ADDRESS -- NUMBER		STREET			CITY		ZIP CODE															
CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:																	
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																	
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																	
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																	
TEXT		<input type="checkbox"/>	I authorize receiving text messages and understand that I am responsible for all text related charges.																			
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME			RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	MIDDLE INITIAL														
WORK ADDRESS -- NUMBER		STREET			CITY		ZIP CODE															
CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:																	
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																	
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																	
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																	
TEXT		<input type="checkbox"/>	I authorize receiving text messages and understand that I am responsible for all text related charges.																			
<p><i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 20%;">RELATIONSHIP</td> <td style="width: 15%;">HOME PHONE</td> <td style="width: 15%;">CELL PHONE</td> <td style="width: 20%;">WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> </table>								NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
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NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																		
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																		
<p><i>List any other family members attending this school:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 10%;">HOME ROOM</td> <td style="width: 10%;">GRADE</td> <td style="width: 30%;">RELATIONSHIP</td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> </table>								LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP					
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LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																		
<p><b>MILITARY CONNECTED FAMILY:</b> In efforts to provide resources and support to military connected students and their families, please respond to the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 70%;">Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Relationship to Student: _____</td> <td>Military Branch: _____</td> </tr> <tr> <td></td> <td>Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased</td> </tr> </table>								Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO	Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship to Student: _____	Military Branch: _____		Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased									
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	Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased																					
<p><b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b></p> <p>The undersigned, as parent/legal guardian of, _____ a minor, <span style="margin-left: 300px;"><small>(Print name of the student here)</small></span></p> <p>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 Los Angeles 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.</p>																						
<p><b>HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</b></p>																						
<p>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p>																						
<p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. PRIVATE HEALTH INSURANCE NAME</td> <td style="width: 10%;">GROUP NO.</td> <td style="width: 30%;">2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small></td> <td style="width: 30%;">GROUP NO.</td> </tr> <tr> <td>NAME OF DOCTOR / MEDICAL OFFICE</td> <td colspan="3">PHONE NUMBER OF DOCTOR / MEDICAL OFFICE</td> </tr> </table>								1. PRIVATE HEALTH INSURANCE NAME	GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>	GROUP NO.	NAME OF DOCTOR / MEDICAL OFFICE	PHONE NUMBER OF DOCTOR / MEDICAL OFFICE									
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<p>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</p> <p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p> <p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p> <p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p> <p><b>X</b> _____ DATE _____</p> <p>SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN CAREGIVER (AFFIDAVIT)</p>																						

\* Selected telephone number must be a direct dial number (no extensions).