

**SIMI VALLEY UNIFIED SCHOOL DISTRICT
EMERGENCY CONTACT INFORMATION UPDATE**

Student Name: _____ **ID #:** _____
Street Address: _____ **Grade:** _____
City, State, Zip: _____ **Phone:** (____) _____

Parent(s), Guardians, or other adult(s) responsible for student:

<p>1. Name: _____ Relationship to Student _____ Living With: _____ Address: _____ _____ Home Phone: (____) _____ Cell/Pager Phone: (____) _____ Employer: _____ Work Phone: (____) _____</p>	<p>2. Name: _____ Relationship to Student _____ Living With: _____ Address: _____ _____ Home Phone: (____) _____ Cell/Pager Phone: (____) _____ Employer: _____ Work Phone: (____) _____</p>
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OTHER EMERGENCY CONTACTS (List 3 or more)

The following persons have my permission to pick up my child from school:

1.	<p>_____ Name</p> <p>_____ Phone #</p>	<p>_____ Phone #</p>	<p>_____ Relationship to Student</p> <p>_____ Phone #</p>
2.	<p>_____ Name</p> <p>_____ Phone #</p>	<p>_____ Phone #</p>	<p>_____ Relationship to Student</p> <p>_____ Phone #</p>
3.	<p>_____ Name</p> <p>_____ Phone #</p>	<p>_____ Phone #</p>	<p>_____ Relationship to Student</p> <p>_____ Phone #</p>
4.	<p>_____ Name</p> <p>_____ Phone #</p>	<p>_____ Phone #</p>	<p>_____ Relationship to Student</p> <p>_____ Phone #</p>

PRIMARY DOCTOR OR CLINIC: _____
(For Emergency Use Only) _____
Phone # _____

School Districts are required to verify each student's residence every year. YOUR SIGNATURE verifies that all information on this form is correct. THIS FORM MUST BE RETURNED TO YOUR SCHOOL.

SIGNATURE: _____ **DATE:** _____
Parent/Guardian