

Mighty Oaks Emergency Contact Information

In case of an emergency, when the above guardians cannot be reached, please contact:

1. Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Only the following may pick up my child:	The following may NEVER pick up my child:

Please list any allergies, disabilities, or conditions that should be known to the staff

The following is an authorization that in the event of a life threatening allergic reaction the Mighty Oaks Staff has permission to administer emergency treatment to your child. **Please sign and date.**

In the event of a life threatening allergic reaction, I authorize trained Mighty Oaks Staff to administer emergency treatment (EPI – PEN) to my child.

Signature of Parent/Guardian _____ Date _____

Information/Photo Release Form - Oak Grove Union School District

Student/Participant Name _____

I, _____, parent/guardian of the above referenced student, give authorization and consent for the Oak Grove Union School District (OGUSD) and organizations and/or associations connected with OGUSD to use my child's name, photograph(s), video camera recordings, and interview comments for educational and/or promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisements, news releases, and/or newsletters, slideshows, video presentations, and the World Wide Web. I waive any right to inspect or approve of the finished photograph(s), video camera recordings, and interview comments.

- In the Classroom
- Our Facebook Page
- Promotional Purposes

_____ Date _____

Parent/Guardian Signature

I do not grant permission for my child's photo to be used for educational and/or promotional purposes.

_____ Date _____

Parent/Guardian Signature