



# SOUTH FLORIDA SCHOOL OF EXCELLENCE

DETERMINATION | INTEGRITY | PERSEVERANCE

## STUDENT EMERGENCY CONTACT CARD

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the section 1000.21(5), Florida statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office.

Both parents shall designate on the emergency contact card those persons authorized to pick their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the emergency contact card.

GRADE: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

<b>STUDENT INFORMATION</b>	Last		First			Middle																	
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Grade level			Date of birth																	
	Home Address			City	State	Zip	Home Phone																
	Mailing Address (if different from above)			City	State	Zip	Cell phone																
	Student lives with: _____ Check any that apply to the student residence <input type="checkbox"/> Medical <input type="checkbox"/> Special Needs <input type="checkbox"/> Court Order <input type="checkbox"/> Other			Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes contact school)																	
<b>REGISTERING PARENT (1)</b>	Last		First			Email																	
	Home Address			City	State	Zip	Home phone																
	Employer		Work Phone			Cell Phone																	
<b>REGISTERING PARENT (2)</b>	Last		First			Email																	
	Home Address			City	State	Zip	Home phone																
	Employer		Work Phone			Cell Phone																	
Please list the name of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider: Is this person prepared to handle any special medical needs required by your child? I/We hereby authorize contact with release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or another emergency that may occur while the student is in school.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">Home Phone</th> <th style="width: 20%;">Work or Cell Phone</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								Name	Relationship	Home Phone	Work or Cell Phone												
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<b>PARENT (1)</b> Authorized Release/Contact	I declare that the information on this card is true and correct. I will notify the school office immediately of any changes. Signature _____ Date _____ Relationship _____																						
	This section may be complete only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.																						
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<b>PARENT (2)</b> Authorized Release/Contact	I declare that the information on this card is true and correct. I will notify the school office immediately of any changes. Signature _____ Date _____ Relationship _____																						
	This section may be complete only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.																						
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## STUDENT EMERGENCY CONTACT CARD

The personal information you provided on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

<b>Student Last</b>		<b>Student First</b>		<b>Student Middle</b>	
<b>Medication</b>	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in original prescription container with current date and the child's name. Also, a "medication treatment authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.		
<b>Health Insurance Information</b>	Medication		Dosage		Hour(s) Given
<b>Vision and Hearing</b>	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Medicaid #		<input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> No Health Insurance		<input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Other
	Does Your child wear contacts/glass? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Health Care Providers</b>	Name			Phone Number	
	Physician				
	Dentist				
	Health plan Name				
<b>Medical Conditions</b>	Check all that apply: <input type="checkbox"/> Asthma if checked, uses inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication? <input type="checkbox"/> Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Movement Limitations _____ <input type="checkbox"/> Recent illness/hospitalization/surgery (describe) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Severe allergies? If checked, please specify: <input type="checkbox"/> Food/environmental Allergies require: <input type="checkbox"/> Insect stings/bees <input type="checkbox"/> EpiPen <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Benadryl <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____				
<b>Release of Medical Information</b>	I hereby understand and authorize that my child's medical records or other medical information, furnished to the school officials and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.				
<b>Emergency Treatment</b>	Parent Signature _____ Date _____ The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.				
<b>Dismissal Information</b>	REGULAR DISMISSAL PROCEDURES			EMERGENCY DISMISSAL PROCEDURES	
	On a typical school day how will your child leave school? <input type="checkbox"/> Ride in car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Walk/Bike home <input type="checkbox"/> Attend on site aftercare <input type="checkbox"/> Ride public transportation			In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to: <input type="checkbox"/> Walk Home <input type="checkbox"/> Ride school bus as usual <input type="checkbox"/> Ride public transportation <input type="checkbox"/> Ride home with friend <input type="checkbox"/> Ride home with parent only (as indicated on authorized contact list)	
<b>Siblings and Home Language</b>	Last Name	First Name	Grade Level	Please list any other languages spoken at home:	
				_____	
				_____	
<b>Survey Questions</b>	Please assist us in better understanding the needs of our school community by answering the following questions.				
	Please check all that apply.				
	Does your child have access to a computer in your home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do you have home internet access?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Does your child access to the internet on your home computer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do you have internet access outside your home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Instagram <input type="checkbox"/> Yes <input type="checkbox"/> No		Facebook <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate the method of contact you prefer:		<input type="checkbox"/> Email		<input type="checkbox"/> Text	<input type="checkbox"/> Phone