

Student: _____ **2008-09 Emergency Card** **School:** _____

Address: _____ Student ID: _____ Homeroom: _____ Grade: _____

City/State/Zip: _____ Gender: _____ Locker: _____

Phone: _____ Birthdate: _____ Teacher: _____

Transportation Information: Bus Rider Walker

Before School (AM) Pickup Bus #: _____
Address: _____
(Only one AM Location is allowed)

After School (PM) Pickup Bus #: _____
Address: _____
(Only one PM Location is allowed)

Parent/Guardian Information: The first person listed below will be contacted first in an emergency

P/G #1: _____ Relationship: _____
Address: _____
City/St/Zip: _____
Home Ph: _____ Cell: _____
Work Ph: _____
Email: _____

P/G #2: _____ Relationship: _____
Address: _____
City/St/Zip: _____
Home Ph: _____ Cell: _____
Work Ph: _____
Email: _____

Who has legal custody of this student? Father Mother Both Guardian (if not mother/father)

If guardian, Name: _____ Relationship: _____ Phone: _____

Emergency Contacts: List names and phone numbers of persons you give the school permission to contact if you cannot be reached

Name: _____ Phone: _____ Alt Phone: _____ Relationship: _____

Name: _____ Phone: _____ Alt Phone: _____ Relationship: _____

Name: _____ Phone: _____ Alt Phone: _____ Relationship: _____

School Aged Siblings: List names of other school aged siblings and the school where they attend

1. _____ 3. _____
2. _____ 4. _____

Student: _____ **2008-09 Emergency Card** **School:** _____

Grade: _____ Homeroom: _____

Medical Information: Please answer the questions below regarding your child's medical needs

In accordance with the policy of Carroll County Public Schools, students may not carry medication to or from school, at any time. Failure to comply with this policy will result in suspension. All medication must be personally delivered, by an adult, to the nurse or other school official. A properly completed medication consent form must be provided with the medication. This form is available at school and must be completed if the child is to receive medication at school. If your child requires immediate medical attention and 911 is activated, he/she will be taken to the nearest hospital by ambulance. Medical information will be released to the hospital and/or emergency medical technician.

1. Does your child currently have a medical condition that may be life-threatening and require 911 notification? YES NO
If yes, please list the condition. The school nurse will contact you for further information. _____

2. Does your child have: a.) a serious health problem or chronic condition? YES NO b.) allergies (food, medication, other)? YES NO
If yes, please explain: _____

3. Does your child take daily medication (other than vitamins and fluoride)? YES NO
If yes, list the medications (prescription/non-prescription) and reason for taking them. _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Authorization: Please review the information below then sign and date the form

I do not consent for my child to participate in the Youth Risk Behavior Surveillance Survey conducted by the U.S. Centers for Disease Control.

Please do not release my child's directory information to military recruiters.

Parent/Legal Guardian must sign this card. Your signature indicates your agreement for CCPS staff to communicate with you or others listed on this card, by phone or email. Your signature also gives CCPS permission to release your child to any person listed above if you are not available. Signature of step-parent or non-custodial parent is not acceptable.

X _____
Parent/Legal Guardian Signature Date