

Legal Name:

2017-2018 Emergency Card

School:

Address:

Student ID:

Homeroom:

Gender:

Grade:

Primary Phone:

Birthdate:

Transportation Information:

Before School (AM) Pick Up Bus #: After School (PM) Pick Up Bus #:
[ ] Bus Rider [ ] Car Rider [ ] Walker [ ] Daycare [ ] Drives
Address where student is to be picked up in the AM, if different from home: Address where student is to be dropped off in the PM, if different from home:

Parent / Guardian Information: Only the biological parent(s)/legal guardian(s) may be listed here.

Guardian: Relation: Guardian: Relation:
Address: Address:
E-Mail: E-Mail:
Primary Phone: Cell: Primary Phone: Cell:
Work: Home: Work: Home:
Student has a parent/guardian who is active duty military? [ ] Yes
Who has legal custody of this student? [ ] Father [ ] Mother [ ] Both [ ] Guardian Court Order Provided? [ ] Yes [ ] No
Who has physical custody of this student? [ ] Father [ ] Mother [ ] Both [ ] Guardian Court Order Provided? [ ] Yes [ ] No
Do you require language interpretation services to communicate with school staff? [ ] Yes Language:

Table with 5 columns: Emergency Contacts, Cell, Home, Work, Relation. Multiple empty rows for data entry.

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

In accordance with Carroll County Public Schools policy, students cannot carry medication to or from school. Medication must be delivered by the parent/guardian to a school official. A properly completed medication consent form (available online or at school) must accompany any medication administered 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 on a need to know basis, including to the hospital and/or emergency medical technician.

1. Please list your child's health concerns/medical conditions. The school nurse will contact you for further information:
2. Does your child have either of the following? If yes, please explain in the space below.
A.) Serious health problem or chronic condition? [ ] Yes [ ] No B.) Allergies (food, medication, other)? [ ] Yes [ ] No
3. Does your child take routine medication or supplements? If yes, list all prescription/non-prescription medications/supplements and the reason for taking them.
[ ] Yes [ ] No
Healthcare Provider Name/Phone: Dentist Name/Phone:

Authorization: Please review and verify all information on this form, then sign and date below.

Your signature gives CCPS permission to release your child to any person listed above in the event of illness or emergency. Signature of step-parent or non-custodial parent is not acceptable.
X
Parent/Legal Guardian Signature Date