

Emergency Procedure and Confidential Student Information Card

Please print all information clearly.

Student Name (Last, First, Middle)					ID #	
School Year	Grade	Bus #	Homeroom	Date of Birth	Gender	Primary Language
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other						
Student's Home Address				Student's Mailing Address - <i>Leave blank if same as home address</i>		
Street				Street		
City				City		
State, Zip Code				State, Zip Code		

PARENT/GUARDIAN INFORMATION

Name	Relationship to Child:	email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____

Parent/guardian is active military duty? YES NO If yes, state location: _____

Name:	Relationship to Child:	email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____

Parent/guardian is active military duty? YES NO If yes, state location: _____

EMERGENCY CONTACTS

This information will be used to assist the school with following the correct procedures and making appropriate contacts in case of an emergency. This includes the unscheduled closing of schools, illness of student, accident, or other situations in which someone other than the parent/guardian needs to assume temporary care of your child if you cannot be reached.

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

Child's Medical Physician/Provider	Phone Number:
List any pertinent health problems, e.g., bee stings, food allergies, specific medications needed, etc.	
Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I authorize employees and agents of HCPSS to verify the information on this form.

Parent/Guardian Signature _____ Date _____