Broard County Public Schools

Student Emergency Contact Card

This form shall be updated every year.

For office use only:

School # _____
Student # _____
Date enrolled _____

☐ Medical
☐ Court Order
☐ Special Needs
☐ Other

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.

Student: _____ Student Identification Number: _____ Grade: _____

Student

Last	First			Middle
Teacher (elementary school only)	Gender ☐ Male ☐ Female			Grade Level
Home Address	City	State	Zip	Home Phone
Mailing Address (if different from above)	City	State	Zip	Date of Birth / /
Student lives with: _____ Check any that apply to student residence: ☐ Medical ☐ Special Needs ☐ Court Order ☐ Other	Has student changed address since last registration? ☐ Yes ☐ No		Is there a court order on file that prevents a parent from having contact with the student? ☐ Yes ☐ No (If yes, contact school.)	

Registering Parent

Last	First	Email		
Home Address	City	State	Zip	Home Phone
Employer	Work Phone		Cell Phone	

Other Parent

Last	First	Email		
Home Address	City	State	Zip	Home Phone
Employer	Work Phone		Cell Phone	

Authorized Release/ Contact

Please list the names 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 other emergency that may occur while the student is in school.

Name	Relationship	Home Phone	Work or Cell Phone

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 _____

Non-registering Parent Authorized Release/Contact

This section may be completed 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.

Name	Relationship	Home Phone	Work or Cell Phone

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 _____

Broward County Public Schools

Student Emergency Contact Card

The personal information you provide 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.

Student Name

Last	First	Middle

Does your child take medication? ☐ Yes ☐ No

If your child requires medication at school, all medication sent to the school must be in original prescription container with a 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.

Medication

Medication	Dosage	Hour(s) Given

Health Insurance Information

Please check appropriate box: ☐ Family Health Insurance ☐ Florida Healthy Kids ☐ Florida Kid Care ☐ None ☐ Medicaid # _____ ☐ No Health Insurance ☐ Other _____

IF NONE, do we have your permission to forward the parent's name and phone number to Florida Kidcare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign: _____

Vision and Hearing

Does your child wear contacts/glasses? ☐ Yes ☐ No

Does your child wear hearing aid(s)? ☐ Yes ☐ No

Health Care Providers

	Name	Phone Number
Physician		
Dentist		
Health Plan/Group Name		

Medical Conditions

Check all that apply:

- ☐ Asthma — If checked, uses inhaler? ☐ Yes ☐ No ☐ On daily medication?
- ☐ Seizures — If checked, on medication? ☐ Yes ☐ No
- ☐ Diabetes — If checked, insulin dependent? ☐ Yes ☐ No
- ☐ Movement Limitations _____
- ☐ Recent illness/hospitalization/surgery (describe) _____
- ☐ Other _____
- ☐ Severe allergies? If checked, please specify:
  - ☐ Food/environmental — Allergies require: ☐ EpiPen
  - ☐ Insect stings/bees ☐ Benadryl
  - ☐ Medicines/Drugs ☐ Other _____
  - ☐ Other _____

Release of Medical Information

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions.

Parent Signature _____ Date _____

Emergency Treatment

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. 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.

Dismissal Information

REGULAR DISMISSAL PROCEDURES

On a typical school day, how will your child leave school?

- ☐ Ride in car
- ☐ Ride School Bus
- ☐ Walk/bike home
- ☐ Attend on-site after-care program
- ☐ Ride public transportation
- ☐ Attend off-site after-care program

EMERGENCY DISMISSAL PROCEDURES

In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to:

- ☐ Walk home
- ☐ Ride school bus as usual
- ☐ Ride public transportation
- ☐ Ride home with friend as indicated on authorized contact list
- ☐ Ride home with parent only

Siblings and Home Language

Please list any siblings at our school

Last Name	First Name	Grade Level

Please list any other languages spoken at home:

_____

_____

Survey Questions

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? ☐ Yes ☐ No
- Do you have home internet access? ☐ Yes ☐ No
- Does your child have access to the internet on your home computer? ☐ Yes ☐ No
- Do you have internet access outside your home? ☐ Yes ☐ No
- Please indicate the method of contact you prefer: ☐ Email ☐ Text ☐ Phone