



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.			Student Cell _____		

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Enrolling Parent	Last:	First:	Middle:	Telephone	
			Home:		
Number:	Street:		Apt. #:	Work:	
City:			State:	Zip:	
			Cell:		
Relationship:		Language:		E-mail:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self		<input type="checkbox"/> Resides with			

Other Parent	Last:	First:	Middle:	Telephone	
			Home:		
Number:	Street:		Apt. #:	Work:	
City:			State:	Zip:	
			Cell:		
Relationship:		Language:		E-mail:	
		<input type="checkbox"/> Resides with			

Other Parent	Last:	First:	Middle:	Telephone	
			Home:		
Number:	Street:		Apt. #:	Work:	
City:			State:	Zip:	
			Cell:		
Relationship:		Language:		E-mail:	
		<input type="checkbox"/> Resides with			

Other Parent	Last:	First:	Middle:	Telephone	
			Home:		
Number:	Street:		Apt. #:	Work:	
City:			State:	Zip:	
			Cell:		
Relationship:		Language:		E-mail:	
		<input type="checkbox"/> Resides with			

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please remember to sign page 2.



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School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):
Siblings attending the same school (complete if applicable). Name(s): _____ Name(s): _____			Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
<p>Below check any current health condition(s) that EMS or an emergency room physician should know about health of your student. Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.</p>	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____ <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____ _____ _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____ <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____ _____ _____
<p>List all medications and dosages your child receives on a continual basis:</p> _____ _____ _____	

MEDICAL ALERT INFORMATION ON FILE
<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;"> <p style="text-align: center;">This space reserved for system printing of Health Information</p> </div>

PHYSICIAN INFORMATION	
My child's medical care is provided by: _____	_____
<small>(name of doctor, clinic, or HMO)</small>	<small>(telephone)</small>
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: _____	_____
<small>(health insurance company, assistance program, HMO, etc.)</small>	<small>(telephone)</small>

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____