

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.

Last:   First:   Middle:   Date of Birth:   Gender   Garde:   Grade:   Garde:   Ga	STUDENT INFORMATION												
School Name:   Di No.:   Teacher or Counselor:   Bus # (AM):   Bus # (PM):	Last: First:							Gender: Grade:					
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Student has medical alart information on file. See page 2 for details.    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 preproducence of the school week and who enrolled the student in school.    First		T .=				⊔ш							
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Mother   Father   Legal Guardian   Resides with   Foster Parent   Last: First: Middle: Telephone   Home:		_	1 .			Cell:							
Foster Parent	Relationship:		Language:		E-mail:								
Other Parent Last: First: Middle: Telephone Home:  Number: Street: Apt.#: Work:  City: State: Zip: Cell:  Relationship: Last: First: Middle: Telephone Home:  Number: Street: Apt.#: Work:  City: State: Zip: Cell:  Relationship: Language: E-mail:  City: State: Zip: Cell:  Cell: Cell:  Cell: Cell:  Cell: Cell:  Cell: Cell:  Cell: Cell:  Cell: Cell: Cell:  Cell: Cell: Cell:  Cell: Cell: Cell: Cell: Cell: Cell:  Cell: Ce	Mother Father Legal Guardian	Resides with											
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Relationship:    Resides with	City. State:		∠ıp:										
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Name of Person Relationship Language Telephone	your permission to pick your child up from scho	ool during the scho	oi day.										
	Name of Person	Relationsh	nip	Language			Telepl	hone					
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<sup>\*</sup> Please remember to sign page 2.



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:	Middl		Date of Birth:	Gend	ler:	Grad	e:					
				□N	I □ F							
School Name:	ID No.:	Teacher or Cou	nselor:	<u> </u>	Bus # (	AM):	Bus # (PM):					
					·							
Siblings attending the same school (complete if applicate	ole).	Is Internet access available in your home for your child/children?										
	- /-											
Name(s):		Yes No										
	IDDENIT ::= a : =	II CONDITIO										
CURRENT HEALTH CONDITIONS												
Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. See below for medical alert information currently on file.												
<u> </u>	oonoor day. See Selow I		•									
allergies (be specific)		hemophilia										
foods		physical disability (be specific)										
medicines												
bee sting or insect bite		respirato	ory (be specific)									
			, ( <u>-</u>									
other	_											
asthma		seizures										
☐ cancer		uision pr	oblems (be specific)									
☐ diabetes		☐ glass	<u> </u>									
				5								
hearing problems hearing aid(s)			e specific)									
heart problems (be specific)												
List all medications and dosages your child receive	s on a continual basi	S:										
MEDI	CAL ALERT INFO	DEMATION O	N EII E									
MEDI	CAL ALERT INFO	JAMATION O	IN FILE									
	PHYSICIAN IN	EODMATION										
	PHI DICIAN IN											
My child's medical care is provided by:												
	(name of docto	or, clinic, or HMO)			(tele	phone)						
Does your child have health insurance?   Yes	□ No											
If yes, medical coverage is provided by:												
(hea	Ith insurance company,	assistance program	n, HMO, etc.)		(tele	phone)						
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:				DAT	E:							
			_		_		_					

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# Parent Information About the Emergency Care Information Form

# What is the Emergency Care Information form used for?

School staff rely on the Emergency Care Information form to provide them with information needed to (1) contact a parent or other responsible adult in the event of an emergency concerning the student; (2) assist school staff or emergency medical services in the event the student requires medical services for illness or injury; (3) respond to requests to release of the student during the school day in nonemergency situations.

The contact information is also used to notify the parent/guardian through the FCPS Keep in Touch (KIT) notification system about emergency, delayed opening and school closing information, attendance, and outreach messages (this includes news and announcements from your child's school).

## Who is responsible for completing the Emergency Care Information form?

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

### Who else should be listed in the Parent/Guardian Contact Information section of the form?

The Parent/Guardian Contact Information section has space for a student's other natural or adoptive parent or legal guardian to be listed. A parent's contact information should be listed in the second box if the parent shares legal custody of the child with the enrolling parent. School staff will share information about the student and will release the student to a parent who has legal custody of the child. A stepparent that resides with the child may also be listed in the Parent/ Guardian Contact Information section of the form.

#### Who should be listed in the Other Contact Information section of the form?

It is very important that school staff have contact information for at least two responsible adults who can be contacted in the event of an emergency when the parents cannot be reached. Other adult family members or friends should be listed in the Other Contact Information section of the form.

Please also note that school staff will allow any person you list on this form in the Other Contact Information section to pick up the child from school during the school day in both emergency and nonemergency situations.

## In the event of an emergency, who will the school notify?

In the event of an emergency, school staff members will attempt to contact the enrolling parent first. If the enrolling parent cannot be reached, school staff will then attempt to reach the parent/guardian, if any. If neither the enrolling nor other parent/guardian listed can be reached, school staff shall contact the people listed in the Other Contact Information section on the Emergency Care Information form. Once a parent or designated contact is reached, staff will provide him or her with information about the student and the emergency situation and will release the student to him or her, as appropriate.

A noncustodial parent may be provided with information about the child, but staff will not release the student to him or her without the written consent of the custodial parent (Regulation 2240, III.B, and IV.F).

### What should I do if I need to update the information on this form?

It is extremely important that school staff have the most up to date and accurate information about your child. The enrolling parent may update information on this form at any time by either contacting the school or accessing weCare@school in the FCPS 24-7 website (fcps.blackboard.com).

# Where can I find more information about FCPS's procedures regarding the emergency care information form and first aid and emergency treatment for students?

Please refer to FCPS Regulation 2240, Parent Participation and Decision-making and FCPS Regulation 2102, First Aid, Emergency Treatment, and Administration of Medication for Students for additional information.

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