



AFSA Emergency Contact Card 2024-2025 School Year

Student Information	Last Name:		First Name:		Middle:	
	Date of Birth:	Grade:	Home Phone:		Student Cell Phone(if applicable):	
	Student Lives With:			Presently, is the student in any of the following situations (check all that apply): <input type="checkbox"/> Staying in a shelter or FEMA trailer <input type="checkbox"/> Waiting for foster care placement <input type="checkbox"/> Sharing the housing of others <input type="checkbox"/> Living in a car, park, campground, abandoned building, or other substandard housing <input type="checkbox"/> Temporarily living in a motel or hotel <input type="checkbox"/> Living alone as a minor		
	Home Address:					
Parent/Guardian Information	Parent/Guardian PRIMARY CONTACT					
	Last Name:			First:		
	Home Address (if different from student):			City, State, Zip		
	Cell Phone:	Work Phone:	Parent Email:			
	Parent/Guardian SECONDARY CONTACT					
	Last Name:			First:		
	Home Address (if different from student):			City, State, Zip		
	Cell Phone:	Work Phone:	Parent Email:			
Authorized Release/Emergency Contact	Please list the name(s) of persons to whom we may release your child or whom we may contact if we cannot reach you.					
	Name:		Relationship:	Phone:		
MN Internet Access Survey Questions:	Does your child have access to an electronic device at home to complete school work? <input type="checkbox"/> Laptop/Desktop <input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Other _____ <input type="checkbox"/> No device <input type="checkbox"/> Prefer not to answer					
	If yes, is the device shared with anyone else in the home? <input type="checkbox"/> Shared <input type="checkbox"/> Not shared <input type="checkbox"/> Prefer not to answer					
	If yes, can your student access internet on the device? <input type="checkbox"/> Yes <input type="checkbox"/> No, not available in my area <input type="checkbox"/> No, other reason _____ <input type="checkbox"/> Prefer not to answer					
	If yes, what kind of internet service do you have? <input type="checkbox"/> Broadband (cable, dsl, etc) <input type="checkbox"/> Cellular network <input type="checkbox"/> Unsure <input type="checkbox"/> Other: _____					
	Can you student stream video online at home without pauses? <input type="checkbox"/> Yes – no pauses/buffering <input type="checkbox"/> Yes – some pauses/buffering <input type="checkbox"/> No – streaming doesn't work					

(see back page)



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Medical Information	<p>Does your student take or self-carry any medications, inhalers, Epi-Pens that they would need to have at/during school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dispensing of prescription and/or over-the counter medication at any time throughout the school year must be coordinated with AFSA Health Office. All medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication Authorization" form must be completed and signed by the parent and/or physician and be on file at the school.</p>
	<p>Describe any health conditions which might affect the student at school:</p>	<p>Please describe in detail any need for restricting student's physical activities (medical documentation may be required):</p>
	<p>I release the above information to AFSA K-12 for student care and maintenance of school records. I declare that this information is true and correct. I will notify the school office immediately of any changes.</p> <p>Signature: _____ Date: _____</p>	
Permission Slip Statements for 2024-2025 School Year	<p>From time to time throughout the year your student may be photographed, filmed, and/or interviewed for media activity. I hereby grant unconditional release of my student's voice recordings, video recordings, and photographs to be used without compensation.</p> <p>Signature: _____ Date: _____</p>	
	<p>We plan to have your student outside of the school building in a number of activities during the school year. Among these will be field trips and involvement with activities in the community. The trips are an outgrowth of learning activities pertaining to AFSA graduation standards and are considered essential to the program at our school. I give permission for my child to participate in supervised field trips and other activities as designed and/or approved by the staff of AFSA, which will occur outside the school building during the school day.</p> <p>Signature: _____ Date: _____</p>	
	<p>AFSA is a public charter school with an emphasis in technology. Computers are used on a daily basis in the learning process. The Internet is used for research and other aspects of learning. I give permission for my child to use the Internet for research at the discretion of the AFSA staff as outlined in the student handbook. I also grant permission for my child to use a Gmail and other AFSA approved web-based account providers at school. I further grant permission for my child to use AFSA approved web-based applications to facilitate communications for group student projects.</p> <p>Signature: _____ Date: _____</p>	
OFFICE USE ONLY	<u>SCHOOL OFFICE USE ONLY</u>	
	<input type="checkbox"/> Medical Condition <input type="checkbox"/> Medications <input type="checkbox"/> McKinney-Vento	<input type="checkbox"/> No Photo/Video <input type="checkbox"/> Other