Name: _ **Emergency Card** **School:**

Address: **Student ID:** **Homeroom:**

Grade:

Primary #: **Birthdate:** **Locker:**

Transportation Information:

Before School (AM) Pick Up Bus #:	After School (PM) Pick Up Bus #:
☐ Bus Rider ☐ Car Rider ☐ Walker ☐ Daycare ☐ Drives	☐ Bus Rider ☐ Car Rider ☐ Walker ☐ Daycare ☐ Drives
Bus stop description where student is to be picked up in the AM:	Bus stop description where student is to be dropped off in the PM:

Parent / Guardian Information: Only the biological parent(s)/legal guardian(s) may be listed here.

Guardian:	**Relation:**	**Guardian:**	**Relation:**
Address:		**Address:**	
E-Mail:		**E-Mail:**	
Primary #:	**Cell:**	**Primary #:**	**Cell:**
Work:	**Home:**	**Work:**	**Home:**

Student has a parent/guardian who is active duty military? ☐ Yes

Who has legal custody of this student? ☐ Father ☐ Mother ☐ Both ☐ Guardian **Court Order Provided?** ☐ Yes ☐ No

Who has physical custody of this student? ☐ Father ☐ Mother ☐ Both ☐ Guardian **Court Order Provided?** ☐ Yes ☐ No

Do you require language interpretation services to communicate with school staff? ☐ Yes **Language:**

Emergency Contacts ***Identify people, other than those listed above, who are authorized to pick up your child in the event of an emergency.***

Name	Primary	Cell	Work	Home	Relation

Medical Information: Please answer the questions below regarding your child's medical needs.

In accordance with Carroll County Public Schools policy, students cannot carry medication to or from school. Medication must be delivered by the parent/guardian to a school official. A properly completed medication consent form (available online or at school) must accompany any medication administered at school. If your child requires immediate medical attention and 911 is activated, he/she will be taken to the nearest hospital by ambulance. Medical information will be released on a need to know basis, including to the hospital and/or emergency medical technician.

1. Please list your child's health concerns/medical conditions. The school nurse will contact you for further information:

2. Does your child have either of the following? If yes, please explain in the space below.

A.) Serious health problem or chronic condition? ☐ Yes ☐ No B.) Allergies (food, medication, other)? ☐ Yes ☐ No

3. Does your child take routine medication or supplements? If yes, list all prescription/non-prescription medications/supplements and the reason for taking them.

☐ Yes ☐ No

Healthcare Provider Name/Phone:	Dentist Name/Phone:

Authorization: Please review and verify all information on this form, then sign and date below.

Your signature gives CCPS permission to release your child to any person listed above in the event of illness or emergency. Signature of step-parent or non-custodial parent is not acceptable. Providing an email address is optional. However, an email address is necessary for a parent/guardian to establish and maintain a Home Access Center account. The email address provided will be utilized by CCPS staff to communicate with you about your student and to communicate school and system wide information. CCPS utilizes an automated notification system that will contact you at the phone number you provided above.

X _____

Parent/Legal Guardian Signature Date