

2026-27 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Student Last Name:

First:

Middle:

Grade Level:

Health Services Consent	<p>Consent for School Clinic Services: Care and treatment for illness and injury (For example: School Clinic Visits for stomachache, headache, cold/flu symptoms, nosebleed, Band-Aid for cuts and scrapes, etc.).</p> <p><input type="checkbox"/> YES, I give consent for my child to receive care from the school nurse, trained healthcare personnel, or trained school staff during the school day and at off-site school activities, including field trips.</p> <p><input type="checkbox"/> NO, I understand that my child will NOT receive any non-emergency care from the healthcare personnel or school staff.</p> <p>If this section is left blank or unsigned, school personnel will NOT be able to care for your child unless there is a medical emergency.</p> <p>State Mandated Health Screenings, F.S. 381.0056(3): Students in state-mandated screening grades (Kindergarten, 1st Grade, 3rd Grade, and 6th Grade) will receive specified health screenings for vision, hearing, growth and development, and scoliosis as provided for in the district health services plan. A student will be exempt from any health screening if his or her parent or guardian requests such exemption in writing.</p> <p>I consent to my child receiving health services as indicated above. I understand if consent is granted; BCPS will disclose my child's education records (including medical information) to contracted nursing vendors who provide treatment to my child.</p> <p>Signature: _____ Date: _____ Relationship: _____</p>																		
Medical Information	<p>Medical Information must be reported every school year and as changes occur. Information regarding health conditions reported in previous years will not be considered current unless indicated below. If you check that your child has a current health condition, you must complete the <i>Health Condition Review Form</i> AND submit documentation from a healthcare provider to your child's school.</p> <p><input type="checkbox"/> My child does NOT have or no longer has any of the health conditions listed below</p> <p>Please check all health conditions that are current and have been diagnosed by a healthcare provider:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> ADD/ADHD</td> <td style="width: 25%;"><input type="checkbox"/> Allergies (Non-life-threatening)</td> <td style="width: 25%;"><input type="checkbox"/> Allergies (Life-threatening)</td> <td style="width: 25%;"><input type="checkbox"/> Asthma (currently uses daily or emergency medication)</td> </tr> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Bleeding disorder</td> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Cardiac conditions</td> </tr> <tr> <td><input type="checkbox"/> Cystic fibrosis</td> <td><input type="checkbox"/> Diabetes – Type 1</td> <td><input type="checkbox"/> Diabetes – Type 2</td> <td><input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including seizures from high fever)</td> </tr> <tr> <td><input type="checkbox"/> Kidney disorder</td> <td><input type="checkbox"/> Lupus</td> <td><input type="checkbox"/> Mental/behavioral health conditions</td> <td><input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)</td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Non-life-threatening)	<input type="checkbox"/> Allergies (Life-threatening)	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)	<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac conditions	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2	<input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including seizures from high fever)	<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental/behavioral health conditions	<input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)
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Health Insurance	<p>Please check the appropriate box: <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare/ Florida Healthy Kids <input type="checkbox"/> Medicaid <input type="checkbox"/> None</p> <p>If NONE, do we have your permission to forward the student's name, parent's name, contact information, and current health insurance coverage status to Florida KidCare Insurance for health insurance screening to see if you may be eligible for health insurance coverage?</p> <p><input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No</p>																		
Release of Medical Information and Emergency	<p>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 health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to monitor program compliance by the District and schools and to assess service delivery.</p> <p>Signature: _____ Date: _____</p> <p>Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permitted by the Family Educational Rights and Privacy Act (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.</p>																		
Dismissal Information	<p>Regular Dismissal Procedures: On a typical day, how will your child leave school?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Ride in a car</td> <td style="width: 33%;"><input type="checkbox"/> Ride a school bus</td> <td style="width: 33%;"><input type="checkbox"/> Ride public transportation</td> </tr> <tr> <td><input type="checkbox"/> Attend ON-site after-care program</td> <td><input type="checkbox"/> Attend OFF-site after-care program</td> <td><input type="checkbox"/> Walk or bike home</td> </tr> </table> <p>Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency, your child is instructed to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Walk home</td> <td style="width: 33%;"><input type="checkbox"/> Ride a school bus as usual</td> <td style="width: 33%;"><input type="checkbox"/> Ride public transportation</td> </tr> <tr> <td><input type="checkbox"/> Ride home with parent only</td> <td colspan="2"><input type="checkbox"/> Ride home with person indicated on authorized contact list</td> </tr> </table>			<input type="checkbox"/> Ride in a car	<input type="checkbox"/> Ride a school bus	<input type="checkbox"/> Ride public transportation	<input type="checkbox"/> Attend ON-site after-care program	<input type="checkbox"/> Attend OFF-site after-care program	<input type="checkbox"/> Walk or bike home	<input type="checkbox"/> Walk home	<input type="checkbox"/> Ride a school bus as usual	<input type="checkbox"/> Ride public transportation	<input type="checkbox"/> Ride home with parent only	<input type="checkbox"/> Ride home with person indicated on authorized contact list					
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Siblings and Home Language	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name:</td> <td style="width: 33%;">First:</td> <td style="width: 33%;">Grade Level:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Please list any other languages spoken at home:</p>			Last Name:	First:	Grade Level:													
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Survey Questions	<p>Please assist us in understanding the needs of our school community by answering the following questions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Does your child have access to a computer in your home?</td> <td style="width: 20%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Do you have home internet access?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Does your child have access to the internet on your home computer?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Do you have internet access outside your home?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p>Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email</p>			Does your child have access to a computer in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have home internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have access to the internet on your home computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have internet access outside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
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