



## Emergency Information Form

<b>Student's Name:</b>	<b>Student ID:</b>	<b>School:</b>
<b>Birthdate:</b>	<b>Grade Level:</b>	<b>School Phone number:</b>
<b>Teacher:</b>	<b>Homeroom:</b>	

Dear Parent/Guardian,  
 Please complete and/or correct all information on this form. Completed forms must be returned to your child's school.  
 NOTE: Residential address changes require two proofs of the new address to be submitted before the changes can be updated on your child's record.  
 If you have any questions, please call the registrar at your child's school. Thank you.

**Student's Residence:**

**Student's Mailing address:**

Are you living in a homeless situation?  Yes  No

Student's Residential Phone # : Unlisted:  Yes  No

The primary and secondary phone numbers will be used for Volusia Connect calls.

**Volusia Connect Primary Phone#:** **Secondary Phone#:**

**Primary Cell Phone#:** **Secondary Cell Phone#:**

**Student Access Pass Code (Optional) :**

### Parent/Guardian Contact Information

**Legal Guardian's Information :**

**Drivers License #:** **Relationship to Student:**

**\*\* E-mail Address:** **Pick-Up Authority:** Y N

**Residential Address:**

**Mailing Address:**

**Work Phone# :** **Cell Phone:** **Custody:** Y N

**Legal Guardian's Information :**

**Drivers License #:** **Relationship to Student:**

**\*\* E-mail Address:** **Pick-Up Authority:** Y N

**Residential Address:**

**Mailing Address:**

**Work Phone# :** **Cell Phone:** **Custody:** Y N

**Legal Guardian's Information :**

**Drivers License #:** **Relationship to Student:**

**\*\* E-mail Address:** **Pick-Up Authority:** Y N

**Residential Address:**

**Mailing Address:**

**Work Phone# :** **Cell Phone:** **Custody:** Y N

**Legal Guardian's Information :**

**Drivers License #:** **Relationship to Student:**

**\*\* E-mail Address:** **Pick-Up Authority:** Y N

**Residential Address:**

**Mailing Address:**

**Work Phone# :** **Cell Phone:** **Custody:** Y N

### Emergency Contact Information

**Emergency Contact's Name:** **Relationship to the student:**

**Primary Phone#:** **Cell Phone#:** **Pick-Up Authority:** Y N **Custody:** Y N

**Emergency Contact's Name:** **Relationship to the student:**

**Primary Phone#:** **Cell Phone#:** **Pick-Up Authority:** Y N **Custody:** Y N

<b>Emergency Contact's Name:</b>		<b>Relationship to the student:</b>			
<b>Primary Phone#:</b>	<b>Cell Phone#:</b>	<b>Pick-Up Authority:</b>	<b>Y</b>	<b>N</b>	<b>Custody:</b>
		<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>

<b>Emergency Contact's Name:</b>		<b>Relationship to the student:</b>			
<b>Primary Phone#:</b>	<b>Cell Phone#:</b>	<b>Pick-Up Authority:</b>	<b>Y</b>	<b>N</b>	<b>Custody:</b>
		<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>

### Health

The following health condition information is on file for your child:

Conditon Type	Condition Date	Medication Required Indicator	Notes:	Communicable Disease	Life Threat Condition	Disease Alert

Please indicate whether the condition requires any of the following :

Asthma Inhaler    Y    N    Diastat    Y    N    Epi-pen    Y    N    Insulin Injection    Y    N    Solu-Cortef Injection    Y    N

Health Conditions: \_\_\_\_\_ Reaction to: \_\_\_\_\_

Last time evaluated by physician for health condition: \_\_\_\_\_

Treatment for Health Conditions: \_\_\_\_\_ Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Parent Concerns: \_\_\_\_\_

Insurance: \_\_\_\_\_ Medicaid: \_\_\_\_\_

### Military Family Student

These include children of 1) active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. ss. 1209 and 1211; 2) members or veterans of the uniformed services who are severly injured and medically discharged or retired for a period of 1 year after medical discharge or retirement; and 3) members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of 1 year after death. **Does your family meet the Military Family criteria?:**    Y    N

### Siblings

Please list any sibling(s) who currently attend a Volusia County School.

Name	School

### Parent Consent Form For School Health Services

I hereby give consent for Volusia County Schools to submit personal demographic information about my child in order to bill Medicaid for any billable Medicaid services under the Medicaid Fee-for-Service School Match program by checking yes in the box below:

Permission for Medicaid Billing:     Yes     No

I hereby give consent for my child to participate in the school Health Services Program. This means that my child will recieve health screenings/appraisals in accordance with Florida Statues which include dental, vision, hearing, height, weight, and scoliosis health checks.

Permission for Health Screening:     Yes     No

\*If declined, a written statement must be submitted to your child's principal indicating that you are declining these services for your child.

I understand that in the event of a serious accident or illness, the school will make every attempt to contact the parent/guardian. If the parent/guardian is unable to be reached and if a delay in emergency care or treatment would endanger the chil's health or physical well-being, the school will access the 911 emergency medical system immediatly as indicated under Florida Statue 743.064. I understand that I (parent/guardian) will be responsible for my child's total treatment and emergency transport, when applicable.

**My signature confirms that I have thoroughly read the information on this card, made any necessary changes and agree to it's accuracy.**

Students Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_