Student Emergency Contact Card 2024/2025 (All Grades)

2024-25 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Office Use Only				
	Student #	Grade Level:	☐ Court Order	☐ Medical
	Date Enrolled:		☐ Special Needs	☐ Other

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(6), Florida Statutes), the parent(s)/guardian(s) shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights, and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Student Information	**Last Name:**	**First:**	**Middle:**
	Date of Birth: / /	**Teacher (elementary school only):**	
	Home Address:		
	Mailing Address (if different from above):		
	Check any that apply to student residents: ☐ Medical ☐ Court Order ☐ Special needs ☐ Other		
	Has student changed address since last registration? ☐ Yes ☐ No		
	Is there a court order on file that prevents a parent from having contact with the student? ☐ No ☐ Yes, contact school		
	Preferred Name(s)/Nickname(s):		
	All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.		
	Signature:	**Date:**	**Relationship:**
Parent	**Last Name:**	**First:**	**Cell Phone:**
	Home Address (if different from student):	**City, State, Zip:**	**Home Phone:**
	Employer:	**Work Phone:**	**Parent Email:**
Other Parent	**Last Name:**	**First:**	**Cell Phone:**
	Home Address (if different from student):	**City, State, Zip:**	**Home Phone:**
	Employer:	**Work Phone:**	**Parent Email:**
Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. Both parents may designate on the Emergency Contact Card those persons authorized to pick their child up from school. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
	Name:	**Relationship:**	**Phone:**
	I declare that the information on this card is true and correct. I will notify the school office immediately of any changes:		
	Signature:	**Date:**	**Relationship:**

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

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Student Last Name: First: Middle: Grade Level:

Health Services Consent

Health Screenings: Students in screening grades may receive non-invasive health screenings for vision, hearing, scoliosis, and growth and development (BMI) pursuant to F.S. 381.0056(6)(e), unless the parent or guardian opts out in writing by checking "No" below:

Vision screening ☐ Yes ☐ No	Growth and Development screening (BMI) ☐ Yes ☐ No	Hearing screening ☐ Yes ☐ No	Scoliosis screening ☐ Yes ☐ No

Signature: **Date:** **Relationship:**

Consent for Health Care Services: Care and treatment for illness and injury (i.e., School Clinic Visit, Basic First Aid).
I give permission for my child to receive care: ☐ Yes ☐ No

I consent to my child receiving health services indicated above. I understand if consent is granted, SBBC will disclose my child's education records (including medical information) to nursing vendors who provide treatment to my child.

Signature: **Date:** **Relationship:**

Medical Information

Is your child currently diagnosed and followed by a healthcare provider for any of the following?
☐ My child does not have or no longer has any of the conditions listed below.

☐ ADD/ADHD	☐ Allergies (Not life-threatening)	☐ Allergies (Life-threatening)	☐ Asthma (currently uses daily or emergency medication)
☐ Autism	☐ Bleeding disorder	☐ Cancer	☐ Cardiac conditions
☐ Cystic fibrosis	☐ Diabetes – Type 1	☐ Diabetes – Type 2	☐ Epilepsy/ Seizure disorders (NOT including febrile seizures)
☐ Kidney disorder	☐ Lupus	☐ Mental / behavioral health conditions	☐ Sickle cell disease (NOT Sickle cell trait)

☐ Other (Specify):

Does your child require medication while at school? ☐ Yes ☐ No

If you checked that your child has a current health condition (above), please complete the Health Condition Review Form. All conditions must have a provider diagnosis with the exception of 1) ADD/ADHD 2) Allergies (Non-life threatening) 3) Mental/behavioral health conditions 4) "Others" which can be based on documented parental report.

Does your child wear glasses/contacts? ☐ Yes ☐ No | Does your child wear hearing aid(s)? ☐ Yes ☐ No

Health Insurance & Providers

Please check the appropriate box: ☐Private Health Insurance ☐ Florida KidCare / Florida Healthy Kids ☐ None

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?
☐ Yes, please sign here: _____ ☐ No

Health Care Provider: **Phone:**

Release of Medical Information and Emergency

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 conduct monitoring to assure program compliance by the District and schools, and assess the delivery of services.

Signature: **Date:**

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permittable 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.

Dismissal Information

Regular Dismissal Procedures: On a typical day, how will your child leave school?

☐ Ride in a car	☐ Ride a school bus	☐ Ride public transportation
☐ Attend ON-site after-care program	☐ Attend OFF-site after-care program	☐ Walk or bike home

Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:

☐ Walk home	☐ Ride a school bus as usual	☐ Ride public transportation
☐ Ride home with parent only	☐ Ride home with person indicated on authorized contact list	

Siblings and Home Language

Last Name:	First:	Grade Level:

Please list any other languages spoken at home:

Survey Questions

Please assist us in understanding the needs of our school community by answering the following questions:

Does your child have access to a computer in your home?	☐ Yes ☐ No
Do you have home internet access?	☐ Yes ☐ No
Does your child have access to the internet on your home computer?	☐ Yes ☐ No
Do you have internet access outside your home?	☐ Yes ☐ No

Please indicate the method of contact you prefer: ☐ Phone call ☐ Text ☐ Email

Form 4710 Rev. 07/24 School Counseling