



2020-21 STUDENT EMERGENCY CONTACT CARD – INSTRUCTIONS

Parents/Guardians: Please fill out the following student Emergency Contact Card by following the below instructions.

1. Fill out one form per student. Ensure that the information corresponding to each child is accurate.
2. Once all fields are completed, print out the form.
3. Registering parent and non-registering parent: sign your name in the ‘Signature’ boxes where instructed.
4. Turn in the completed form to your child’s school. There will be drop boxes located at the following school locations. If you do not have access to a printer, please contact your school front office so an accommodation can be made.

<u>Academic Village – Middle and High School</u> Outside of A building (HS front office)	<u>Central Campus – Elementary</u> In front of the A building	<u>Central Campus – Middle</u> In front of the A building
<u>East Campus Elementary</u> In main school office	<u>West Elementary</u> Front entrance under the overhang on the left side	<u>West Middle</u> In front of school office

Completed forms may also be dropped off when picking up textbooks or mailed to the following school addresses:

<u>Academic Village – Middle and High School</u> 17189 Sheridan Street Pembroke Pines, FL 33331	<u>Central Campus – Elementary</u> 12350 Sheridan Street Pembroke Pines, FL 33026	<u>Central Campus – Middle</u> 12350 Sheridan Street Pembroke Pines, FL 33026
<u>East Campus Elementary</u> 10801 Pembroke Road Pembroke Pines, FL 33025	<u>West Elementary</u> 1680 SW 184th Ave. Pembroke Pines, FL 33029	<u>West Middle</u> 18500 Pembroke Road Pembroke Pines, FL 33029

This procedure is a requirement for **each enrolled student**. You will be given 3 hours of volunteer time towards your required 30 hours once you have e-signed the forms through the parent portal and return The Student Code of Conduct and Emergency Contact Card to your child’s campus **no later than Friday, September 4, 2020.**

If you have any questions please contact your child's school at

<https://pinescharterapply.net/contact>

Student Emergency Contact Card

This form shall be updated every year.
2020-2021

For office use only:

School # _____
Student # _____
Date enrolled: _____

- Medical
 Court Order
 Special Needs
 Other

MUST BE COMPLETED BY THE PARENT/LEGAL GUARDIAN



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 (5), Florida Statutes), the registering parent and the non-registering parent, of a student 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 their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Student	Last _____		First _____		Middle _____	
	Teacher (elementary school only) _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Grade Level: _____
	Home Address _____		City _____	State _____	Zip Code _____	Home Phone: _____
	Mailing Address (if different from above) _____		City _____	State _____	Zip Code _____	Date of Birth: _____
	Student Lives with: Both parents _____ Mother _____		Father _____ Other _____		Has student changed address since last registration: Yes _____ No _____	
Registering Parent	Last _____		First _____		Email _____	
	Home Address _____		City _____	State _____	Zip Code _____	Home Phone (please print clearly) _____
	Employer _____		Work Phone _____		Cell Phone (please print clearly) _____	
Other Parent	Last _____		First _____		Email _____	
	Home Address _____		City _____	State _____	Zip Code _____	
	Employer _____		Work Phone (please print clearly) _____		Cell Phone (please print clearly) _____	
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. In selecting someone to whom you authorize the release of our child, consider: Is this person 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		Home Phone	Work or Cell 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: _____						
Non-registering Parent Authorization Release/Contact	This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.					
	Name		Relationship		Home Phone	Work or Cell 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: _____						

Student Emergency Contact Card

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.

Student Name	Last _____	First _____	Middle _____
Medication	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If your child requires medication at school, all medication sent to the school must be in original prescription container with a current date and the child's name. Also, a "Medication/treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at school.		
	Medication	Dosage	Hour(s) Given
Health Insurance Information	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Medicaid # _____ <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Other: _____		
Vision and Hearing	Does your child wear glasses or contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear hearing aid(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Care Providers	Physician	Name	Phone Number
	Dentist		
	Health Plan/Group Name		
Medical Conditions	<p>Check all that apply:</p> <input type="checkbox"/> Asthma If checked, uses inhaler? Yes No <input type="checkbox"/> On daily medication? <input type="checkbox"/> Seizures If checked, on medication? Yes No <input type="checkbox"/> Diabetes If checked, insulin dependent? Yes No <input type="checkbox"/> Movement Limitations _____ <input type="checkbox"/> Recent illness/hospitalization/surgery/ (describe) _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Severe Allergies? If checked, please specify: _____ <input type="checkbox"/> Food/Environmental (If checked, please specify: _____) Allergies require: <input type="checkbox"/> Insect sting/bees/ants (If checked, please specify: _____) <input type="checkbox"/> EpiPen <input type="checkbox"/> Medicine/Drugs (If checked, please specify: _____) <input type="checkbox"/> Benadryl <input type="checkbox"/> Other (If checked, please specify: _____) <input type="checkbox"/> Other: _____		
Release of Medical Information	<p>I hereby authorize that my child's medical records or other medical information, furnished to the school will be shared with school officials and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.</p> <p>Parent Signature: _____ Date: _____</p> <p>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	REGULAR DISMISSAL PROCEDURES On a typical school day, how will your child leave school?		EMERGENCY DISMISSAL PROCEDURES In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to:
	<input type="checkbox"/> Ride in car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Walk/bike home <input type="checkbox"/> Attend on-site After-Care Program <input type="checkbox"/> Ride Public Transportation <input type="checkbox"/> Attend off-site After-Care Program		<input type="checkbox"/> Walk home <input type="checkbox"/> Ride School Bus as usual <input type="checkbox"/> Ride Public Transportation <input type="checkbox"/> Ride home with a friend as indicated on authorized contact list <input type="checkbox"/> Ride home with parent only.
Sibling and Home Language	Please list any siblings at our school:		
	Last Name	First Name	Grade Level
	Please list any other languages spoken at home:		
	1.- _____		
	2.- _____		
Survey Questions	<p>Please assist us in better understanding the needs of our school community by answering the following questions:</p> <p>Does your child have access to a computer in your home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have home internet access: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does your child have access to the internet on your home computer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have internet access outside your home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please indicate the method of contact you prefer: <input type="checkbox"/> Email <input type="checkbox"/> Text</p>		
Email and phone number	IMPORTANT: Telephone numbers and email addresses will be used for parent communication about school information.		
	EMAIL ADDRESS		
	PHONE NUMBER		