

## EMERGENCY STUDENT DATA FORM

School No./Name \_\_\_\_\_ I.D. No. \_\_\_\_\_ Grade \_\_\_\_\_ Section \_\_\_\_\_

Student's Last Name \_\_\_\_\_ APP \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

**Indicate primary contact phone number to be used for emergencies and automated messaging:** \_\_\_\_\_

Last Name _____	Fist Name _____	Relation _____	Place of Employment _____
Telephone _____	Cellphone _____	Email _____	
Last Name _____	Fist Name _____	Relation _____	Place of Employment _____
Telephone _____	Cellphone _____	Email _____	

Is either parent in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

Kindergarten Only: Was the child in pre-school or child care? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the full cost paid by you? Yes \_\_\_\_\_ No \_\_\_\_\_ What type? Headstart \_\_\_\_\_ ESE \_\_\_\_\_ Migrant \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:** Additional data is requested in the event of an emergency illness of your child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____	(Relation to Student) _____	(Address) _____	(Phone at Work) _____
(Name) _____	(Relation to Student) _____	(Address) _____	(Phone at Work) _____
Family Doctor _____	Phone _____	Preference of Hospital _____	Phone _____

**Student health/allergy data which should be known in an emergency:** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL:** Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: \_\_\_\_\_

Authorized: \_\_\_\_\_

Not authorized: \_\_\_\_\_

Not authorized: \_\_\_\_\_

**IT IS THE PARENT'S RESPONSIBILITY** to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: \_\_\_\_\_ Printed Parent Name: \_\_\_\_\_

Parent's Signature Verification: \_\_\_\_\_

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The Emergency Student Data Form governs early release withdrawal of the student. The person who signs/verifies this form is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.