

Emergency Procedure and Confidential Student Information Card

Please print all information clearly.

Student Name (Last, First, Middle)					ID #	
School Year	Grade	Bus #	Homeroom	Date of Birth	Gender	Primary Language
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other						
Student's Home Address				Student's Mailing Address - <i>Leave blank if same as home address</i>		
Street				Street		
City				City		
State, Zip Code				State, Zip Code		

PARENT/GUARDIAN INFORMATION

Name	Relationship to Child:	email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	
		Work Phone:

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____

Parent/guardian is active military duty? YES NO If yes, state location: _____

Name:	Relationship to Child:	email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	
		Work Phone:

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____

Parent/guardian is active military duty? YES NO If yes, state location: _____

EMERGENCY CONTACTS

This information will be used to assist the school with following the correct procedures and making appropriate contacts in case of an emergency. This includes the unscheduled closing of schools, illness of student, accident, or other situations in which someone other than the parent/guardian needs to assume temporary care of your child if you cannot be reached.

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	
		Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	
		Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	
		Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

Child's Medical Physician/Provider	Phone Number:
List any pertinent health problems, e.g., bee stings, food allergies, specific medications needed, etc.	
Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I authorize employees and agents of HCPSS to verify the information on this form.

Parent/Guardian Signature _____ **Date** _____

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ARRIVAL/DEPARTURE INFORMATION

Please indicate how your child will arrive and depart from school on a typical day, and in case of an unscheduled early school closing. If there are any changes in your child's arrangements, it is your responsibility to notify the front office in writing. These transportation plans will also be followed on any regularly scheduled early closing school days.

In the morning, my child will be: (check one)	In the afternoon, my child will be: (check one)	If there is an unscheduled early closing of school, my child will: (check one)
<input type="checkbox"/> A walker	<input type="checkbox"/> A walker	<input type="checkbox"/> Walk home (as usual).
<input type="checkbox"/> A car rider	<input type="checkbox"/> A car rider	<input type="checkbox"/> Be picked up and transported home by: _____
<input type="checkbox"/> In CA/Rec & Parks Before Care	<input type="checkbox"/> In CA/Rec & Parks Before Care	<input type="checkbox"/> Ride his/her assigned bus, # _____.
<input type="checkbox"/> Transported by bus # _____.	<input type="checkbox"/> Transported by bus # _____.	
<input type="checkbox"/> Transported by daycare Name of daycare: _____	<input type="checkbox"/> Transported by daycare Name of daycare: _____	

UNSCHEDULED EARLY CLOSING OF SCHOOL - It is important that you discuss the emergency plan that your child should follow if school closes early for inclement weather, power failure, or some other emergency. Make sure your child is aware of his/her assigned bus number. Please note that:

- The CA/Rec & Parks Before and After Care programs will not operate when there is an emergency closing.
- The school will not be able to call a parent.
- No child may wait for a parent to pick him or her up, as it may be unsafe to wait at school.

I have discussed this procedure with my child and he/she knows what to do in the event of an unscheduled closing. I will periodically review these procedures with my child.

Parent/Guardian Signature _____ Date _____

YOUR CHILD AND MEDIA EXPOSURE or INTERNET EXPOSURE

In the course of school activities, HCPSS staff and the news media occasionally photograph or videotape students, and/or make public their names, likeness, or school work for display/use intended for a public audience. Such exposure could occur in print, on TV, on radio, or by electronic means such as the Internet or social media. Unless you exclude your child from all such exposure by opting out below, we will assume your permission to do so.

I DO NOT want my child photographed, videotaped, or identified by the HCPSS or the new media for display/use intended for a public audience. I understand that this release does not apply to public events, the Yearbook, and use by the Parent Teacher Association.

OPTION TO RESTRICT DISCLOSURE OF STUDENT DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (Public Law 93-380) authorizes local school systems to disclose certain information from the educational records of a student that is designated as directory information. This designation includes basic biographical information only, NOT student grades, test results, or any part of academic or discipline records. Based on categories designated by the federal government, the HCPSS's definition of directory information includes the following student data:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Name • Address • Telephone Listing • Date of birth | <ul style="list-style-type: none"> • Major field of study • Participation in officially recognized activities/sports • Weight and height of athletic team members | <ul style="list-style-type: none"> • Date of attendance • Degrees and awards received • Most recent previous educational agency or institution attended |
|---|--|--|

You have the right to restrict the school system from releasing any category of directory information about your child, by indicating so below. If you elect to restrict the release of any category of directory information about your child, exceptions for specific situations cannot be granted. For instance, if you restrict the release of your child's name, you may not ask that an exception be made to allow your child's name to appear in a school event program.

There are other provisions in law, which allow school systems to release information about students without parental permission under limited circumstances.

The school system WILL NOT release a student's HOME ADDRESS or PHONE NUMBER to any person or organization beyond those listed below. You may restrict the release of this information to one or more of the organizations listed by checking the corresponding box.

DO NOT release my child's HOME ADDRESS OR PHONE NUMBER to:
<input type="checkbox"/> An organization of parents, teachers, students, or former students, or any combination of those groups, of the school (i.e. PTA/PTSA, booster club, class reunion committee, etc.)
<input type="checkbox"/> An organization or force of the military (i.e. military recruiters, etc.)
<input type="checkbox"/> A representative of a community college in the state
<input type="checkbox"/> A representative of the Maryland Higher Education Commission

State and federal law permits school systems to release additional information about students. You may restrict the release of one or more categories of this information by filling in the corresponding box.

DO NOT release the following category/categories of information about my child:		
<input type="checkbox"/> Name*	<input type="checkbox"/> Participation in School Activities	<input type="checkbox"/> Degrees/Awards
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Weight and/or Height of Athletes	<input type="checkbox"/> Previous Educational Institutions Attended
<input type="checkbox"/> Major Field of Study	<input type="checkbox"/> Dates of School Attendance	
*If you restrict release of your child's name, please note that your child will be excluded from such publications as the yearbook, a published honor roll, school event programs, and other publications of this nature.		

If you do not restrict the release of certain information about your child, you are giving the school system and local schools the ability to perform daily operations and routine tasks without obtaining parental permission to release each piece of student information every time it is released.