

Emergency and Contact Information Form



Student ID: 5300-_____

2022-2023

Grade: _____

Gender: M / F

Please Print Legibly

Student: _____ Birth Date: _____ / _____ / _____
Last First Middle MM DD YYYY

Residence Address: _____
Street City Zip Bus # _____ Car Rider

Mailing Address: _____
(If different than residence) Street / P.O. Box City Zip Walker Court Order On file

Home Phone Number: _____ - _____ - _____ Unlisted: _____

Contact 1 Must be Parent or Guardian	<u>Contact 1</u> Parent/Guardian	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student: -Circle One-	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____
First Name:				
Last Name:				
Cell Phone:				
Home Phone:				
Work Phone:				
Email:				
Notify if Sick/Injured*	Y or N	Y or N	Y or N	Y or N
Receives Automated Emergency Calls*	Yes Only	Yes Only	Y or N	Y or N
Notify if Absent -Circle One-	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work
Pick Up Allowed*	Y or N	Y or N	Y or N	Y or N
Records Access Allowed*	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed At School*	Y or N	Y or N	Y or N	Y or N

*Each parent has the right to pick-up, visit, and meet with his/her student at school, without interference of or the need for consent from the other parent, unless the school has received a certified copy of an enforceable court order that provides to the contrary. In addition, a court order is necessary to deny records access to parents/guardians.

Brother(s)/ Sister(s) also attending this school:

Name: _____ Grade _____ Name: _____ Grade _____

Name: _____ Grade _____ Name: _____ Grade _____

Emergency and Contact Form (cont.)

NOTICE: You are required to complete the Emergency and Contact Information Form and update information annually or any time the information changes. School personnel will contact you to pick up your child if he/she is unable to remain at school due to illness or accident. If school personnel are unable to reach you, one of the adults listed on the Emergency and Contact Information Form designated to pick up your child will be contacted. School personnel will contact Emergency Medical Services in an emergency to take whatever action is deemed necessary for the health and safety of your child. Parents are financially responsible for any emergency care and/or transportation your child needs. Also, it is your responsibility to notify your child's school of any changes in the information recorded on this form and to provide the school with information if there are any custody restrictions involving your child. Forms must accurately reflect your child's court order, if applicable.

I certify that the information provided on this Emergency and Contact Information Form is accurate, true, and correct.

_____ Date

_____ Enrolling Parent/Guardian Signature

_____ Relationship to Student

Additional Contacts	<u>Contact 5</u>	<u>Contact 6</u>	<u>Contact 7</u>	<u>Contact 8</u>
Relation to Student: -Circle One-	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____
First Name:				
Last Name:				
Cell Phone:				
Home Phone:				
Work Phone:				
Email:				
Notify if Sick/Injured*	Y Y or N N	Y Y or N	Y Y or N N	Y Y or N N
Receives Automated Emergency Calls*	Y Y or N N	Y Y or N	Y Y or N N	Y Y or N N
Notify if Absent -Circle One-	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work
Pick Up Allowed*	Y Y or N N	Y Y or N	Y Y or N N	Y Y or N N
Records Access Allowed*	Y Y or N N	Y Y or N	Y Y or N N	Y Y or N N
Lives With	Y Y or N N	Y Y or N	Y Y or N N	Y Y or N N
Personal Contact Allowed At School*	Y Y or N N	Y Y or N	Y Y or N N	Y Y or N N

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Voluntary SchoolMessenger Opt-In Consent Form for General Messages

Polk County Public Schools (PCPS) utilizes an automated parent notification system to quickly and efficiently notify parents of important school and district information. Such notices may include information regarding **school closures/delays, security alerts, absence notifications, cafeteria balances, and upcoming school activities.**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required to provide prior expressed consent to receive automated communications on their mobile device.** This means parents must provide express consent to receive general messages through automated calls and/or SMS text messages on their mobile device(s). Consent is not required if the call or text is for emergency purposes or if made directly from a principal, teacher, or other staff member.

Note: you can revoke consent to receive these messages at any time. Please take a moment to fill out this consent form below indicating whether you desire to receive these important messages in the future.

PARENT/GUARDIAN SCHOOLMESSENGER CONSENT FOR GENERAL MESSAGES:

I, _____, voluntarily consent to give PCPS permission to contact me via my cellular device for automated phone calls or SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. **By signing, I am stating that I am the owner of this cellular device and its user contract. I also certify that I will notify the school immediately if I change or deactivate this number.**

Parent/guardian signature: _____

Date: _____

Cellular number: _____

I DO NOT consent to PCPS contacting me for general messages via my cellular device for automated phone calls or text messages.

The Mission of Polk County Public Schools is to provide a high-quality education for all students.

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Office of Equity & Compliance in the Human Resource Services Division at (863) 534-0513.

How to Request Accommodations: If you require any type of accommodation to complete the application process due to a disability, please call the Human Resource Services Division at (863) 534-0781. If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.