

Emergency and Contact Information Form

Polk State Chain of Lakes Collegiate High School
2019-2020



Student ID: 5300-_____

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: _____ Student Phone Number: _____
 Student Email address: _____

Contact 1 Must be Parent or Guardian	<u>Contact 1</u> <small>Parent/Guardian</small>	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student: -Circle One-	Parent Step-Parent Guardian	Parent Step-Parent Guardian	Parent Step-Parent Guardian	Parent Step-Parent Guardian
	Other: _____	Other: _____	Other: _____	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.

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

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.