Alachua County Public Schools Emergency Contact Form

Student Information

Name of Student (Last)		(Firs	t)	(Middle			Gra	de S	SCHOOL (JSE ONLY				
DOB (MM/DD/YY)							Student Last Name							
/ /	Race / Ethnicity Asian/Pacific Islander			☐ Indian	☐ Indian / Alaskan Native				FI Stu. No					
	☐ Black, Non-Hispanic			☐ Multiracial					Bus Number am School			pm		
Gender: Male Female Hispanic				□ White, Non Hispanio				HR Teacher						
Residential 911 Address (Street No. and Name)			Apt.	. / Lot #	City	ity				State		Zip		
Mailing Address (If different from residential address)			Apt.	Apt. / Lot # City						State		Zip		
Parent / Guardian Informati	ion	(First)		(Midd	le)						Parent (Code (check one)		
- aront Guaranan (Cast)					ie)	Hon	ome Phone			——— □ P		Parent		
Address	City	City / State / Zip							- Other - Legal Guardian					
Oily / State / ZIP										□ S-	Surrogate			
Employer Work Phone				Parent #1 Ethnicity			Parent #1 Gen			ler				
Employer Work Phon			JI IC	Falent #1 Limitity			raieii #1 Geildei			161	Guardian Required			
In the case of a school Phone No:														
emergency, do you want to receive text alerts?						Email A	Email Address:							
Parent Guardian 2(Last) CFirst) charges from your service					(Middle)			Home Phone			Parent Code (check on			
. , , , , ,							Cell Phone				Parent Other			
Address				City	/ State / Zip)	Cell Phone				Legal Guardian			
										Surrogate Guardian Ad Litem				
Employer Work Phone			one	Parent #2 Ethr			Parent #2 G					No Parent/		
												Guardian Required		
In the case of a school		Phone No:				_								
emergency, do you want to receive text alerts?	□ No	The number must be o	capable	of receiv	ing texts a	ınd	Email A	Address	s:					
Medical Information		charges from your	service	provider	may apply	-								
Physician's Name					Phone Immi			nunization Status Corrective L			enses	Hearing Aid		
										☐ Yes ☐ No		☐ Yes ☐ No		
Allergies (List allergies students r	nay have	•)		Hea	lth Issues									
Medical Statement														
			If Voc	, Please L	ict									
Is Student Taking Medications Re	egularly?	□ Yes □ No	11 165	, riease L	151									
Hospital Preference (See Medical Emergency Release Below)					Medicaid			aid						
					☐ Yes			s \square	s \square No \square Yes \square		□ No □ Yes □ No			
Additional Contact Information							Phone Gende				- Patricis			
Person to Contact if Parent Cannot be Reached										Gender		Ethnicity		
After School Care Name Ph					one Student			Care (Agency W	Vorker)		Phone		
Name(s) of Brothers and Sisters	Attending	This School												
		ME	DICAL	/ EMER	GENCY R	RELE	ASE							
I hereby give consent for my child	to partic							ncvcar	a at the sc	hool if needs	ad Screen	ning and evaluation		
for problems in areas of vision, he non-invasive health screenings m	earing, gr	owth and development, n	utrition,											
In the event of serious accident of	r illness.	I request that the school	contact	me. If I ca	annot be rea	ached	, I reque	est desi	ignated sc	hool personn	el to take	or send my child to		
the hospital specified above. In s														
responsible for all expenses incu school, I request the school conta														
responsible for his/her care. The										,				
Signature	Par	ent, Guardian or Agency						Date						
I give permission to Alachua Cou			caid is a	accessed	to release a	and ev	change	nersor	nal identifis	able information	on with the	Medicaid fiscal		
agent for the purpose of determin										o momati	with the	Jaioaia Hoodi		
Signature			Date											

Form No.: STU 089.013 / Emergency Contact Form / Student Services Revised Date: 8/7/13