Citrus County School District

Emergency Information Form

PM Transportation	
☐ Bus #_________	☐ Day Care
☐ Parent Pickup	☐ Walker

School Use Only	
Teacher	
Student #	

STUDENT INFORMATION

School:		Grade:	Date:
Last Name	First Name	Middle Name	
			☐ Male ☐ Female
Date of Birth (MM/DD/YY)	Birth Place (City/State)	Birth County	Gender

Parent/Guardian student lives with:

Is there a court order on file that prevents a parent from having contact with the student? ☐ Yes ☐ No

The names of **both parents** of a student, as defined in FS 1000.21(5) and including the registering parent and the non-registering parent, shall be listed on the Emergency Information Form as persons authorized to pick up the child from school **except** where a **court order** has revoked the parental rights and a certified copy of such court order has been provided to the school. **BOTH** parents shall designate on this form those persons authorized to pick their child up from school in the event of an emergency. No parent shall delete or in any way alter the names provided by the other parent on this form.

FAMILY 1 (Student Primary Residence)

PARENT/GUARDIAN INFORMATION

		☐ Parent ☐ Stepparent ☐ Other _______________	
Last Name	First Name	Relationship to Student	
Home Phone:	Cell Phone:	Work Phone:	Email:
		☐ Parent ☐ Stepparent ☐ Other _______________	
Last Name	First Name	Relationship to Student	
Home Phone:	Cell Phone:	Work Phone:	Email:

Home Address	City	State	Zip Code

Mailing Address (if different from Home Address):

Do you wish to receive school notifications via voice or text to your cell phone? ☐ Yes ☐ No If 'Yes', indicate Cell Phone: _____________________

EMERGENCY CONTACTS: Person(s) listed below may assume temporary care or responsibility of my child in case of emergency if I cannot be reached.

Name	Relationship	Emergency Phone 1	Emergency Phone 2

Family 1 Completed By:	**Signature:**	**Date:**

FAMILY 2

This section may be completed only by the Family 2 **PARENT/GUARDIAN** to designate additional persons authorized to pick up the student. The Family 1 Parent/Guardian **may not alter** this section. The Family 2 Parent/Guardian **may not alter** any other portion of this form.

		☐ Parent ☐ Guardian	
Last Name	First Name	Relationship to Student	
Home Phone:	Cell Phone:	Work Phone:	Email:

Home Address	City	State	Zip Code

EMERGENCY CONTACTS: Person(s) listed below may assume temporary care or responsibility of my child in case of emergency if I cannot be reached.

Name	Relationship	Emergency Phone 1	Emergency Phone 2

Family 2 Completed By:	**Signature:**	**Date:**

SIBLINGS

Name	School	Grade

MEDIA RELEASE EXEMPTION

Occasionally, media representatives visit schools to take photographs of various classroom activities. If you do not want your child's picture released to the media during this school year, please indicate below.

☐ **I do not want my child to have his/her picture published in the media.**

Parent Signature:

HEALTH INFORMATION

MEDICAID PERMISSION

I give permission for the Citrus County School District to request Medicaid eligibility reports and bill for Medicaid covered services provided to students as allowed by Federal and State guidelines. I give permission each time Medicaid is accessed for all reimbursable services, including health screenings and services referenced on the IEP. I further understand that I have the right to refuse release of any health information as provided by HIPAA and FERPA laws.

Signature: Relationship to Student: Date:

It is the responsibility of the parent/guardian to contact the School Nurse or Health Room Attendant directly *each school year* regarding medical interventions or treatments requested for their child.

ALLERGIES: Does your child have a physician's diagnosis of any of the following allergies? (check all that apply)

NON-LIFE THREATENING			LIFE THREATENING (Requires Medical Documentation)		
Food (List)	☐	B01	Food (List)	☐	A01
Bee/Insect	☐	B02	Bee/Insect	☐	A02
Environmental (List)	☐	B03	Environmental (List)	☐	A03
Animal	☐	B04	Animal	☐	A04
Shellfish	☐	B05	Shellfish	☐	A05
Peanuts	☐	B06	Peanuts	☐	A06
Dairy/Lactose	☐	B07	Dairy/Lactose	☐	A07
Latex	☐	B08	Latex	☐	A08
Other:	☐	B09	Other:	☐	A09
Describe past reactions:			Describe past reactions:		

Epi-pens must be provided by the parent/guardian. Does your child carry an epi-pen on their person? ☐ **Yes**** ☐ **No** **Child must have a 'Student Authorization to Carry Medication' form on file and signed by physician (forms are available on the district web page or at your child's school).**

HEALTH CONDITIONS: Does your child have a physician's diagnosis of any of the following health conditions? ☐ **YES** ☐ **NO** (check all that apply)

Condition		Code	Condition		Code
ADD/ADHD (Physician Diagnosed)	☐	D01	Muscular Dystrophy	☐	D14
Autism	☐	D02	Muscular/Skeletal	☐	M14 / S14
Blood Disorder (Type)	☐	D23	Neurological Concern Mild / Severe	☐	M06 / S06
Cancer (Type)	☐	D03	Nutritional Concern Mild / Severe	☐	M07 / S07
Cerebral Palsy	☐	D04	Orthopedic Concern Mild / Severe	☐	M05 / S05
Circulatory Issues	☐	M10 / S10	Osteogenesis Imperfecta	☐	D15
Crohns Disease	☐	D05	Post-Traumatic Brain Injury	☐	D16
Cystic Fibrosis	☐	D06	Reflux	☐	D17
Diabetes, Type 1	☐	D24	Respiratory Condition (Regularly use Inhaler/Nebulizer)	☐	S01
Diabetes, Type 2	☐	D25	Respiratory Condition (Seasonal/Exercise/Cold Induced)	☐	M01
Down Syndrome	☐	D08	History of Asthma	☐	H01
Emotional Concerns Mild / Severe	☐	M12 / S12	Scoliosis	☐	D18
Endocrine Disorders Mild / Severe	☐	M13 / S13	Seizure Disorder (Active seizure activity in past 5 years)	☐	S02
Gastrointestinal Condition Mild / Severe	☐	M03 / S03	Seizure Disorder (No seizure activity in past 5 years)	☐	M02
Heart Condition Mild / Severe	☐	M08 / S08	Sickle Cell Anemia	☐	D19
Hemophilia	☐	D09	Skin Disorder Mild / Severe	☐	M11 / S11
Hernia (Existing)	☐	D10	Spina Bifida	☐	D20
High Blood Pressure (Physician Diagnosed)	☐	D11	Ulcer (Type)	☐	D21
Hypoglycemia (Physical Diagnosed)	☐	D12	Urological Condition Mild / Severe	☐	M09 / S09
Kidney Condition Mild / Severe	☐	M04 / S04	Von Willebrands Disease	☐	D22
Leukemia	☐	D13	Other Condition:	☐	O01

IF YOU HAVE CHECKED ANY OF THE ABOVE HEALTH CONDITIONS, PLEASE CONTACT THE SCHOOL NURSE.

MEDICATIONS: List any prescription or over-the-counter medications the child takes on a regular basis.

DRUG NAME	HEALTH CONDITION	TO BE TAKEN AT SCHOOL?
		☐ Yes ☐ No
		☐ Yes ☐ No

MEDICAL EQUIPMENT: Does your child use any specialized medical equipment? (check all that apply)

Equipment		Code	Equipment		Code	Equipment		Code
Catheterization	☐	E02	Helmet	☐	E12	Suction Machine	☐	E13
Cochlear Implant	☐	E19	Infusion Pump	☐	E17	Tube Feed	☐	E14
Crutches	☐	E03	Nebulizer	☐	E08	Walker	☐	E15
Ear Tubes	☐	E04	Orthopedic Device	☐	E01	Wheelchair	☐	E16
Existing Shunt	☐	E05	Location:			Vaso Stimulator	☐	E18
Glasses	☐	E20	Oxygen	☐	E09	Other (Specify Below):	☐	E99
Glucometer	☐	E06	PICC Line	☐	E11			
Hearing Aids	☐	E07	Pacemaker	☐	E10			

Physician's Name: Physician's Phone Number:

In the event of a medical emergency, if the school is unable to notify me or a temporary caregiver(s), I hereby authorize the Principal or Principal's designee to have my child, ______________________________ (child's name), transported to a clinic or to a hospital for emergency treatment. I will be responsible for all costs incurred.

Signature: Relationship to Student: Date:

(ATTACH COPIES OF MEDICAL RECORDS, IF AVAILABLE)