

Emergency Code

HERNANDO COUNTY SCHOOL DISTRICT
Student Information Update and Emergency Information

Date

Name Last First Middle Home Phone#

Student No. School Grade Bus Rt. No.

Please list all school age siblings residing in the home who are enrolled in Hernando County Schools:

Mailing Address Street/P.O. Box/Rt. City State Zip

Residence Address Street City State Zip

Is this a change in address from last year? Yes No Email Address Relationship

Student's Date of Birth Student's SS # Student's Work Location

Parent/Guardian Name: 1. Place of Employment

Work Phone# Parent/Guardian #1: Cell Phone #(s) Okay to text? Yes No

Parent/Guardian Name: 2. Place of Employment

Work Phone# Parent/Guardian #2: Cell Phone #(s) Okay to text? Yes No

Emergency Contacts: It is mandatory that the Emergency Number/Contact be provided. To serve your child in case of accident or sudden illness, it is necessary that you list those individuals other than parent(s)/guardian(s) who are authorized to pick up your student through the clinic/office. (Example: STEPPARENT, NEIGHBOR, OTHER RELATIVE, ETC.)

Name Relationship to Student Day Phone ( ) Ext.

Name Relationship to Student Day Phone ( ) Ext.

Name Relationship to Student Day Phone ( ) Ext.

Wears Glasses Wears Contacts Special Medication Allergies/Medical Problems

Doctor's Name Dr. Phone ( )

The enrolling parent/guardian must provide a certified court order indicating sole custody, or a restraining order, if they do not wish the other parent/guardian to have access to their child. Order on file in the school office? Yes No
Staff member verifying receipt

Please indicate if your child is under a School Choice Request, and the school your child is zoned for:

I/we the undersigned, do hereby authorize officials of the Hernando District School System to contact directly the persons named on this form. In the event parents, physician(s), or other persons named on this form cannot be reached. I/we do authorize school officials to transport and to obtain, through a physician of their choice, any emergency medical care that may be deemed necessary in their judgement for the health and well being of the above student in the course of school activities or such travel. The Hernando County department of Health in conjunction with the Department of Education provides school health nursing services for Hernando County Schools. I understand that all health-related information I provide to the school regarding my child will be shared between the two agencies as needed in the performance of their duties. The Hernando County Public Health nurses may also provide treatment to your child when assisting in the clinic. I/we also agree that the expense for such transportation and/or emergency care shall not be borne by the School District or its employees.

Parent/Guardian signature Date

I give consent to The School Board of Hernando County to release and exchange my child's personally identifiable information with Medicaid's fiscal agent for the purpose of determining Medicaid eligibility status and if Medicaid and Exceptional Student Education eligible, to bill Medicaid each time services are provided as designated on my child's Individual Education Plan (IEP).

Parent/Guardian signature Date

Please return this form promptly to your child's school. Board policy requires a current emergency number for all children. Failure to do so may result in an unnecessary delay in providing emergency assistance for your child should the need ever arise.

Please be sure that you have completed SO-GAdm-046; Parental Permission for Participation.

SCHOOL USE ONLY

Pick up Walker Home Room teacher