

CONFIDENTIAL STUDENT INFORMATION CARD

Complete and return this form to school promptly. Please write legibly.

School Name _____ Elementary Middle High Other (circle one)
Teacher _____ Grade Level of Student _____
Student ID # _____ Student Walks to School Student Rides Bus to School

YOUR CHILD

Student's Name _____
Last First MI Jr., II, etc.
Birthdate _____ Sex _____ Country of Birth _____ Home Phone Number _____
Street Address _____
City _____ Zip Code _____
Mailing Address (if other than street address) _____ Zip Code _____
What kind of dwelling do you live in? Single-family detached home or mobile home Townhouse or duplex Apartment or condo
Do preschool siblings (ages 4 and younger) live at this address? Yes No How many? _____ Ages? _____

PARENTS/GUARDIANS

1. Mr/Ms/Mrs _____ Relationship to child _____
Address _____
Phone* (H) _____ (W) _____ (Cell) _____
Email* _____ Employer (company name) _____
2. Mr/Ms/Mrs _____ Relationship to child _____
Address _____
Phone* (H) _____ (W) _____ (Cell) _____
Email* _____ Employer (company name) _____

Primary language spoken at home _____ Do you need an interpreter to communicate with the teacher or school? Yes No

*Phone numbers and email address may be used for emergency notification.

TEMPORARY CARE

List two nearby adults who will assume temporary care of your child if you cannot be reached. PLEASE IDENTIFY CHILDCARE PROVIDER.

1. Name _____ Relationship to child _____
Address _____ Phone _____
2. Name _____ Relationship to child _____
Address _____ Phone _____

BUS TRANSPORTATION

Bus Number (AM) _____ Bus Number (PM) _____

If your child rides a bus and will be regularly picked up or dropped off at an alternate bus stop, please indicate:

Name of Responsible Adult _____ Phone _____
Alternate Pick-Up Street Address _____ Zip _____
Bus Number – Alternate (AM) _____ Days for Alternate Pick Up (please circle) M T W Th F
Name of Responsible Adult _____ Phone _____
Alternate Drop-Off Street Address _____ Zip _____
Bus Number – Alternate (PM) _____ Days for Alternate Drop Off (please circle) M T W Th F

MILITARY ACCESS TO STUDENT INFORMATION

Federal law entitles military recruiters to access secondary students' names, addresses and phone numbers unless parents or students annually request such information not be released. Opt-out forms are available at all high schools and at www.fcps.org, click on "Forms." Submit forms to the school office.

YOUR CHILD AND MEDIA EXPOSURE

In the course of school activities, FCPS staff and/or the news media occasionally wish to interview, photograph or videotape students, and/or make public their names, work or likenesses in print, on television, radio or by electronic means such as the Internet. This includes but is not limited to honor roll, school publications and artwork. Unless indicated otherwise below, we will assume your permission to do so. (FCPS cannot control media coverage of events that are open to the public.)

I give permission Signature _____
 I deny permission Signature _____

CONFIDENTIAL HEALTH AND EMERGENCY INFORMATION

Student's Name _____ Grade _____ School _____

HEALTH CARE CONTACTS

Health Care Provider/Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance [] Yes Health Insurance Company: _____ [] No

STUDENT'S MEDICAL HISTORY (Please check or complete information that applies):

Contact school nurse to set up a care plan for your child.

Allergies:	Briefly Describe Reaction:
____ Medications (Specify) _____	_____
____ Foods (Specify) _____	_____
____ Latex _____	_____
____ Bees _____	_____
____ Pesticide/Chemicals* _____	_____
____ Other (Specify) _____	_____

Chronic Health Condition(s) and Comments:

____ Asthma _____

____ Seizure Disorder _____

____ Diabetes _____

____ Other (Specify) _____

Additional History and Comments:

____ Hearing Problems (Specify) _____

____ Vision Problems (Specify) _____

____ Physical Disabilities (Specify) _____

____ Other (Specify) _____

Medications: (please list)

Medical Condition Treated:

_____	_____
_____	_____
_____	_____
_____	_____

Health care provider/physician and parent **must** complete the appropriate authorization form(s) if medications or treatments are required at school. These forms may be obtained from the health staff at your child's school or at <http://www.fcps.org/> (then click on "Forms").

* FCPS uses the Integrated Pest Management program to identify and control pest problems in schools. **Elementary** schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. **Middle and high schools** must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. (See the FCPS Calendar Handbook for details, or contact your school.)

IMPORTANT: The information I have provided regarding my child's health may be shared with FCPS/Frederick County Health Department staff as appropriate. In case of accident or serious illness, I request that school staff contact me. If I cannot be reached, I hereby authorize school staff to call the physician indicated below or make reasonable arrangements deemed to be in the best interest of the child.

Signature of Parent or Guardian _____ Date _____