

## BridgePrep Academy of Riverview Student Emergency Contact Card



Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. If both parents are listed, then both shall designate on the Emergency Contact Card those persons authorized to pick their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

**Tarjetas de Contacto de Emergencia para estudiantes en español disponibles en la oficina principal de la escuela.**

Last Name: \_\_\_\_\_ Student #: \_\_\_\_\_ First Name: \_\_\_\_\_ Home room: \_\_\_\_\_

Other Parent  
 Registering Parent  
 Authorized Release/  
 Contact  
 Other Parent Authorized  
 Release Contact

Last		First		Middle	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Home Address			City	State	Zip	Home Phone
Mailing Address (if different from above)			City	State	Zip	Date of Birth / /
Student lives with	Has address changed since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last	First	Email	Home Phone	Cell Phone	
Home Address			City	State	Zip
Employer			Work Phone		

Last	First	Email	Home Phone	Cell Phone
Home Address		City	State	Zip
Employer			Work Phone	

Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. I/We hereby authorize contact with release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or another emergency that may occur while the student is in school.

Name	Relationship	Home Phone	Work or Cell Phone	Can Pick up?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Name	Relationship	Home Phone	Work or Cell Phone	Can Pick up?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Medication	Dosage	Hour(s) Given

Please check appropriate box:  Family Health Insurance     Florida Healthy Kids     Florida Kid Care     None  
 Medicaid # \_\_\_\_\_     No Health Insurance     Other \_\_\_\_\_

IF NONE, do we have your permission to forward the parent's name and phone number to Florida Kidcare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign: \_\_\_\_\_

Does your child wear contacts/glasses?     Yes     No    Does your child wear hearing aid(s)?     Yes     No

	Name	Phone Number
Physician		
Dentist		
Health Plan/Group Name		

Check all that apply:

Asthma    If checked, uses inhaler?     Yes     No     On daily medication?  
 Seizures    If checked, on medication?     Yes     No  
 Diabetes    If checked, insulin dependent?     Yes     No  
 Movement Limitations \_\_\_\_\_  
 Recent illness/hospitalization/surgery (describe) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Severe allergies? If checked, please specify:  
 Food/environmental    Allergies require: \_\_\_\_\_  
 Insect stings/bees     EpiPen  
 Medicines/Drugs     Benadryl  
 Other \_\_\_\_\_     Other \_\_\_\_\_

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.

REGULAR DISMISSAL PROCEDURES	EMERGENCY DISMISSAL PROCEDURES
On a typical school day, how will your child leave school? <input type="checkbox"/> Ride in car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Walk/bike home <input type="checkbox"/> Attend on-site after-care program <input type="checkbox"/> Ride public transportation <input type="checkbox"/> Attend off-site after-care program	In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to: <input type="checkbox"/> Walk home <input type="checkbox"/> Ride school bus as usual <input type="checkbox"/> Ride public transportation <input type="checkbox"/> Ride home with friend as indicated on authorized contact list <input type="checkbox"/> Ride home with parent only

Please list any siblings at our school			Please list any other languages spoken at home: _____
Last Name	First Name	Grade Level	

Please assist us in better understanding the needs of our school community by answering the following questions. Please check all that apply.

Does your child have access to a computer in your home?     Yes     No  
Do you have home internet access?     Yes     No  
Does your child have access to the internet on your home computer?     Yes     No  
Do you have internet access outside your home?     Yes     No  
Please indicate the method of contact you prefer:     Email     Text     Phone