



ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Student Information Form

School Year 20__-20__

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)		Generation (i.e. Jr., II)	First Name (Legal)		Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "NIA" Please provide supporting documentation			
Parent/Guardian Primary E mail Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date	Primary Phone
Address Domicile		Apt #	City		Zip Code
Mailing Address		Apt #	City		Zip Code
Do you need communication in a language other than English?					
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese

PHYSICIAN INFORMATION

Doctor's Name		Dentist's Name		Preferred Hospital	
Doctor's Phone Number		Dentist's Phone Number		Currently Under Physician's Care <input type="checkbox"/> No <input type="checkbox"/> Yes	
Insurance		Insurance Phone Number	Policy #	Group #	

Medicine Currently Taking					
Medical History					
Allergies					

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

ADDITIONAL CONTACTS ON THE NEXT PAGE

****Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.**

Student Name: _____

Student Number: _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	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	<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

SCHOOL HEALTH SERVICES

Pursuant to Florida Statute 1001.42, HB 1557: A parent/guardian MUST Opt In for health services: Opt in MUST be completed on-line for screenings, clinic services, and other health services. Directions to complete digital document:

- 1. Log in to the OCPS Parent Portal: <https://parents.classlink.com/ocps>**
- 2. Complete Parent Consent Forms**
- 3. Any questions, please reach out to your child's school or visit ocps.net/Skyward**

In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

(This form is effective for one year from the date signed)

Parent/Guardian:

Date:

The School Board of Orange County, Florida is authorized to collect social security numbers (SSN) of students as set forth in Sections 6 and..... (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.