



WALTON COUNTY
SCHOOL DISTRICT

Emergency Card

School Name		School Year	
Teacher Name		Grade	
Bus #	Bus Drive Name:	<input type="checkbox"/> Car Rider Picked up by:	<input type="checkbox"/> Walker

Student's Name (Last, First, Middle)			Student Former Name of AKA (if applicable)	
Student Age	Student DOB (mm/dd/yyyy)	Student Primary Phone # (1st Contact)	Student Cell Phone #	Student Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Student Primary Address (house number, street name, apartment number, city, state, zip code)

Brief Directions to Home

Student Residence Information Indicate who the student lives with (check only one) Legal Guardians and custody restraints require legal documentation.

Both Parents Mother Father Grandparent Foster Parent Group Home

#1 Parent or Guardian Name	E-mail Address
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Home Telephone #	Work Telephone #	Cell Telephone #	Accept Text on Cell Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent Address, if different than student (house number, street name, apartment number, city, state, zip code)	Relationship to Student
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Contacts in Case of Emergency if #1 Parent/Guardian Cannot be Reached: LIST THREE CONTACTS

Emergency Contact #1	Local Address (house number, street name, apartment number, city, state, zip code)	Daytime Phone #
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May this person be contacted concerning your child's student record information for things such as grades, discipline or attendance if you are unreachable? Yes No

Emergency Contact #2	Local Address (house number, street name, apartment number, city, state, zip code)	Daytime Phone #
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May this person be contacted concerning your child's student record information for things such as grades, discipline or attendance if you are unreachable? Yes No

Emergency Contact #3	Local Address (house number, street name, apartment number, city, state, zip code)	Daytime Phone #
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May this person be contacted concerning your child's student record information for things such as grades, discipline or attendance if you are unreachable? Yes No

#2 Parent or Guardian Name	E-mail Address
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Home Telephone #	Work Telephone #	Cell Telephone #	Accept text on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent Address, if different than student (house number, street name, apartment number, city, state, zip code)	Relationship to Student
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Contacts in Case of Emergency if #2 Parent/Guardian Cannot be Reached (Only if different than above): LIST THREE CONTACTS

Emergency Contact #1	Local Address (house number, street name, apartment number, city, state, zip code)	Daytime Phone #
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May this person be contacted concerning your child's student record information for things such as grades, discipline or attendance if you are unreachable? Yes No

Emergency Contact #2	Local Address (house number, street name, apartment number, city, state, zip code)	Daytime Phone #
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May this person be contacted concerning your child's student record information for things such as grades, discipline or attendance if you are unreachable? Yes No

Emergency Contact #3	Local Address (house number, street name, apartment number, city, state, zip code)	Daytime Phone #
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May this person be contacted concerning your child's student record information for things such as grades, discipline or attendance if you are unreachable? Yes No

Student Health Information

Student's Physician's Name	Physician's Office Location (City, State)	Physician's Phone #
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Student's Dentist's Name	Dentist's Office Location (City, State)	Dentist's Phone #
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The Walton County School District does not discriminate on the basis of race, color, national origin, gender, gender orientation, age, disability or marital status in its educational programs, services or activities or its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act.

WCSD EMERGENCY CARD: SIDE 2

Student Health Information (Continued)

Student's Chronic Health Problems (Major Illnesses, Surgeries, Environmental Allergies, Allergies from Medications, etc., if not applicable put N/A)

List Student's Daily Medications (If not applicable put N/A)

Federal Impact Survey

<p>A. The student resides on federal property. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. The student resides in low rent housing. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. The student resides on Indian lands. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. The student is a special education student (handicapped). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. The parent is employed on federal property. <input type="checkbox"/> Yes <input type="checkbox"/> No If "E" is YES, the federal property is satiated in whole or in part in Walton County. <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, the federal property is situated in whole or in part in Florida. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. The parent is employed on low rent housing property. <input type="checkbox"/> Yes <input type="checkbox"/> No If "F" is YES, the low rent housing property is situated in whole or in part in Walton County. <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, the low rent housing property is situated in whole or in part in Florida. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>G. The parent died while on active duty or as a result of injuries while on active duty. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H. The parent is in the uniformed services of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No If "H" is YES, is the parent on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, check type of service to the right.)</i></p>	<p>Type of Service</p> <p><input type="checkbox"/> Air Force</p> <p><input type="checkbox"/> Army</p> <p><input type="checkbox"/> Coast Guard</p> <p><input type="checkbox"/> Marines</p> <p><input type="checkbox"/> National Guard</p> <p><input type="checkbox"/> Navy</p>
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Medicaid Certified School Match Program

Consent to bill for services through the Medicaid Certified School Match Program allows the Walton County School District to exchange personally identifiable information such as student records and services provided to your student with Florida's Medicaid Office (Agency for Health Care Administration). WCSD may seek reimbursement from Medicaid for eligible services identified on your student's Individual Education Plan (IEP). WCSD may **not** require parents to do the following: sign up for or enroll in public benefits; incur an out-of-pocket expense; use the student's benefits if it would decrease available lifetime coverage; and increase premiums or risk loss of eligibility.

Parents have the right to withdraw their consent to disclosure of their child's personally identifiable information to Medicaid at any time. Withdrawal of consent or refusal to provide consent does not relieve the WCSD to ensure that all IEP required services are provided at no cost to parents.

If you have questions or concerns, please contact the Exceptional Student Education Office at 850.892.1100.

Parental/Guardian Consent

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated on this form and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school may make whatever arrangements are necessary to provide care and treatment of my child.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request the school contact my spouse or me to arrange transportation for my child. If the school is unable to contact either my spouse or me, I request one of the other emergency contact persons listed on this form be contacted and requested to care for my child until my spouse or I can be reached.

I give my permission to obtain medical treatment for my child in an emergency.

NOTICE TO PARENTS WHO ARE DIVORCED OR LEGALLY SEPARATED

In addition, I understand that if I am not available and my child is injured or becomes ill or if there is another sufficient reason for contacting the parent, and the parent who has physical custody cannot be located or cannot respond in a timely manner to the call, the school will contact the other listed parent and release the student to him or her, unless legal documentation is on file stating the parent is not allowed to take the child off of the school's campus.

Signature of Parent/Legal Guardian	Relationship	Date
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