



## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Grade:
School Name:	ID No.:	Teacher or Counselor :		Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.			Student Cell _____		

### PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

<b>Enrolling Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:		Zip:					Cell:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self			<input type="checkbox"/> Resides with		Language:		E-mail:			

<b>Other Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:		Zip:					Cell:
Relationship:			<input type="checkbox"/> Resides with		Language:		E-mail:			

<b>Other Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:		Zip:					Cell:
Relationship:			<input type="checkbox"/> Resides with		Language:		E-mail:			

<b>Other Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:		Zip:					Cell:
Relationship:			<input type="checkbox"/> Resides with		Language:		E-mail:			

### OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Please remember to sign page 2.



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Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Grade:
School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):	
Siblings attending the same school (complete if applicable). Name(s): _____ Name(s): _____			Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
<p>Below check any current health condition(s) that EMS or an emergency room health care provider should know about health of your student. <b>Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.</b></p>	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____  <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____ _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____  <input type="checkbox"/> respiratory (be specific) _____ _____  <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____ _____
<p>List all medications and dosages your child receives on a continual basis:</p> _____ _____ _____	

MEDICAL ALERT INFORMATION ON FILE

HEALTH CARE PROVIDER INFORMATION	
My child's medical care is provided by: _____	_____ (telephone)
(name of health care provider or clinic)	
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: _____	_____ (telephone)
(health insurance company, assistance program, HMO, etc.)	

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## Parent Information About the Emergency Care Information Form

### What is the Emergency Care Information form used for?

School staff rely on the Emergency Care Information form to provide them with information needed to (1) contact a parent or other responsible adult in the event of an emergency concerning the student; (2) assist school staff or emergency medical services in the event the student requires medical services for illness or injury; (3) respond to requests to release of the student during the school day in nonemergency situations.

### Who is responsible for completing the Emergency Care Information form?

This form should be completed by the enrolling parent. The enrolling parent is the natural parent, adoptive or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

### Who else should be listed in the Parent/Guardian Contact Information section of the form?

The Parent/Guardian Contact Information section has space for a student's other natural or adoptive parent or legal guardian to be listed. A parent's contact information should be listed in the second box if the parent shares legal custody of the child with the enrolling parent. School staff will share information about the student and will release the student to a parent who has legal custody of the child. A stepparent that resides with the child may also be listed in the Parent/Guardian Contact Information section of the form.

### Who should be listed in the Other Contact Information section of the form?

It is very important that school staff have contact information for at least two responsible adults who can be contacted in the event of an emergency when the parents cannot be reached. Other adult family members or friends should be listed in the Other Contact Information section of the form.

Please also note that school staff will allow any person you list on this form in the Other Contact Information section to pick up the child from school during the school day in both emergency and nonemergency situations.

### In the event of an emergency, who will the school notify?

In the event of an emergency, school staff members will attempt to contact the enrolling parent first. If the enrolling parent cannot be reached, school staff will then attempt to reach the parent/guardian, if any. If neither the enrolling nor other parent/guardian listed can be reached, school staff shall contact the people listed in the Other Contact Information section on the Emergency Care Information form. Once a parent or designated contact is reached, staff will provide him or her with information about the student and the emergency situation and will release the student to him or her, as appropriate.

A noncustodial parent may be provided with information about the child, but staff will not release the student to him or her without the written consent of the custodial parent (Regulation 2240, III.B, and IV.F).

### What should I do if I need to update the information on this form?

It is extremely important that school staff have the most up to date and accurate information about your child. The enrolling parent may update information on this form at any time by either contacting the school or accessing [weCare@school](mailto:weCare@school) in the FCPS 24-7 website ([fcps.blackboard.com](http://fcps.blackboard.com)).

### Where can I find more information about FCPS's procedures regarding the emergency care information form and first aid and emergency treatment for students?

Please refer to FCPS Regulation 2240, Parent Participation and Decision-making and FCPS Regulation 2102, First Aid, Emergency Treatment, and Administration of Medication for Students for additional information.

### How do I change the phone number used for attendance and non-emergency calls?

Changes to the phone number used for attendance and non-emergency calls can only be made by contacting your child's school directly and specifying that you wish to have the student home phone number changed.



# PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

**TO BE COMPLETED BY THE SCHOOL**

Date(s) of Trip	Destination		
Purpose			
<b>SUPERVISION</b> (Check one.)			
Students will be directly supervised by adults on this trip at all times			
Students will be directly supervised by adults on this trip with the following exceptions _____			
_____			
_____			
<b>TRANSPORTATION BEING PROVIDED</b> (Check all that apply.)			
Walking	School Bus	Commercial Carrier	Personal Vehicle
Leased Vehicle	County Vehicle	None	
<b>DRIVERS OF PRIVATE OR LEASED VEHICLES</b> (Check all that apply.)			
Student	Parent	Teacher or Staff Member	Other Adult
<b>VEHICLE TYPE</b> (Check all that apply.)			
Car	Van (10 passenger or less)	SUV	Other _____ <i>(Specify)</i>
<b>RISK RELATED</b> (Check all that apply.)			
Swimming Pool	Amusement or Theme Park	Beach or Ocean	Other _____ <i>(List activity)</i>
<b>STOCK EPINEPHRINE</b> (Check one)    Will be available on this trip <u>Will not</u> be available on this trip			

**TO BE COMPLETED AT HOME**

**Pupil Agreement**

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

**PARENT PERMISSION** (Check all that apply.)

Participation in all aspects of this trip.

Participation in all aspects of this trip, except the amusement and theme park activities.

Participation in all aspects of this trip, except the water-related activities.

Other \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in this field trip.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**IMPORTANT NOTICE** Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.



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Purpose			
<b>SUPERVISION</b> (Check one.)			
Students will be directly supervised by adults on this trip at all times			
Students will be directly supervised by adults on this trip with the following exceptions _____			
_____			
_____			
<b>TRANSPORTATION BEING PROVIDED</b> (Check all that apply.)			
Walking	School Bus	Commercial Carrier	Personal Vehicle
Leased Vehicle	County Vehicle	None	
<b>DRIVERS OF PRIVATE OR LEASED VEHICLES</b> (Check all that apply.)			
Student	Parent	Teacher or Staff Member	Other Adult
<b>VEHICLE TYPE</b> (Check all that apply.)			
Car	Van (10 passenger or less)	SUV	Other _____ <i>(Specify)</i>
<b>RISK RELATED</b> (Check all that apply.)			
Swimming Pool	Amusement or Theme Park	Beach or Ocean	Other _____ <i>(List activity)</i>
<b>STOCK EPINEPHRINE</b> (Check one)    Will be available on this trip <u>Will not</u> be available on this trip			

**TO BE COMPLETED AT HOME**

**Pupil Agreement**

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

---

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I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

**PARENT PERMISSION** (Check all that apply.)

Participation in all aspects of this trip.

Participation in all aspects of this trip, except the amusement and theme park activities.

Participation in all aspects of this trip, except the water-related activities.

Other \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in this field trip.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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