

St. Helena Parish School District | EMERGENCY CONTACT CARD

2018-2019 School Year

In case of an emergency, it is imperative that the school be able to reach the student's parent/guardian. Please fill in the information on both sides of this card carefully and accurately. Please use ink and PRINT clearly.

Student Information			
Last Name		First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade Level	School (check one) <input type="checkbox"/> St. Helena College and Career Academy <input type="checkbox"/> St. Helena Arts and Technology Academy <input type="checkbox"/> St. Helena Virtual Academy
Street Address		City	State
Mailing Address (if different from above)		City	Zip
Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Special Needs <input type="checkbox"/> Court Order <input type="checkbox"/> Other		Ethnicity (check one) <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other	Student lives with <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian
Parent/Guardian Information			
Parent/Guardian #1	Last Name	First Name	Email Address
	Home Address	City	State
	Employer	Work Phone	Cell Phone
Parent/Guardian #2	Last Name	First Name	Email Address
	Home Address	City	State
	Employer	Work Phone	Cell Phone

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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 ADULTS LISTED BELOW.** Identification must be provided to the school representative before releasing any student.

Authorized Release Contact Information (MUST BE 18 OR OLDER)		
Name	Relationship	Home or Cell Number

Medical Information

Does your child take medication? YES NO

St. Helena Parish School District partners with Southeast Community Health Systems. All medical services are provided through this organization. In order for your child to receive medical services, a consent form must be completed.

Dismissal Information

<p>REGULAR DISMISSAL PROCEDURES On a typical school day, how will your child leave school? <input type="checkbox"/> Ride in a car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Walk/bike home</p>	<p>EMERGENCY DISMISSAL PROCEDURES 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 home with parent only <input type="checkbox"/> Ride school bus as usual <input type="checkbox"/> Ride home with authorized adult</p>	<p>Please assist us in better understanding the needs of our school community by answering the following questions. Please check all that apply.</p> <p>Does your child have access to a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have home internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have access to the internet on your home computer? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have internet access outside your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate the method of contact you prefer <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Siblings (Please list any siblings for this student)

Last Name	First Name	Grade Level

If there is a person who may NOT HAVE ACCESS to child, please indicate below:

Name _____ Relationship _____ YES NO
 Order of protection exists?

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