

ITEM NUMBER

27

TITLE

**EMERGENCY CONTACT
INFORMATION**

DISMISSAL OF STUDENTS

School Board Rule #(s):

6Gx13-5D-1.01 6Gx13-5D-1.021
6Gx13-5D-1.05

Contract Provision #(s):

Form #(s):

Administrative Directive(s)/Other:

*Procedures for Promoting
a Safe Learning Environment
Guideline #39-Release from School*

Cross References:

Dismissal of Students

Description as follows:

School Board rule: Authorization for Release of Student from School section of the Student Data Card and School Board rule

The Authorization for Release of Student from School section of the Student Data Card must be updated at any time during the school year when parents or legal guardians notify a school of additional or new information.

The emergency information card, which is on the back of the Student Data Card, shall be updated annually, at each school center, for each student noting contact person, family physician, allergies, significant health history, and permission for emergency care.

Only parents/legal guardians or persons identified on Authorization for Release of Student from School portion of the Student Data Card (FM-2733E) are authorized to remove a student from school during the school day.

SSN	ID NUMBER	STUDENT'S LAST NAME	APP	FIRST NAME	FILE NAME	BIRTH DATE	SEX	ETH	GRADE
City/State	Florida ID Number	Last Legal Name (if different)	APP	First Name	Middle Name	Section	Student Social Security No		
School Name	MIAMI-DADE COUNTY PUBLIC SCHOOLS				Place of Birth: (City)	(State/Country)			
Student's Address		(Apt)	(City)	(Zip)	Telephone				
GUARA	Last Name	First Name	Relation	Place of Employment	Telephone				
REED	Last Name	First Name	Relation	Place of Employment	Telephone				
TAN	Last Name	First Name	Relation	Place of Employment	Telephone				
School Last Attended				Card No.					

FM-5356 (08-98)

COMPLETE REVERSE SIDE

Sample Side 1

EMERGENCY CONTACT AND RELEASE FROM SCHOOL INFORMATION
EMERGENCY CONTACT INFORMATION: Occasionally, an accident or extreme illness of a student makes it necessary for school personnel to contact the parent to get permission for emergency referral. Additional data is needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one. If parent can't be reached, whom should we try to contact? (List two persons in priority order below.)

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL: List below those persons authorized to take your child from school during the school day. If any person previously listed on this card is NOT AUTHORIZED to take the student from school, please indicate:

AUTHORIZED: _____

NOT AUTHORIZED: _____

YOUR CHILD WILL NOT BE RELEASED TO ANY PERSON NOT LISTED ABOVE.
IT IS THE PARENTS' RESPONSIBILITY to inform the school of any changes in the information listed on this card.

Date: _____ Parent's Signature _____