



Student Emergency Information

Office of Student and Family Support and Engagement
Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 565-1
August 2017
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INSTRUCTIONS: Please review for any changes and return this form to your child's school as soon as possible.

STUDENT NAME (LAST, FIRST, MIDDLE)			STUDENT'S PREFERRED FIRST NAME		
STUDENT ID	GRADE	SECTION	HOMEROOM TEACHER		
PRIMARY PHONE	DATE OF BIRTH	GRADES 6-12 ONLY MYTRBS (SEE REVERSE) <input type="checkbox"/> MAY NOT PARTICIPATE	GRADES 11 AND 12 ONLY <input type="checkbox"/> DO NOT RELEASE CONTACT INFORMATION TO MILITARY RECRUITERS.		
HOME ADDRESS		LANGUAGE SPOKEN AT HOME	PREFERRED LANGUAGE FOR CORRESPONDENCE <input type="checkbox"/> ENGLISH <input type="checkbox"/> CHINESE <input type="checkbox"/> FRENCH <input type="checkbox"/> KOREAN <input type="checkbox"/> SPANISH <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> AMHARIC		
IS THE STUDENT A DEPENDENT OF A MEMBER OF THE ACTIVE DUTY FORCES (FULL-TIME) ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD, OR RESERVE FORCES (ARMY, ARMY NATIONAL GUARD OF THE U.S., AIR NATIONAL GUARD OF THE U.S., NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI) (CONTACT FIRST)			NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)		
WORK PHONE	CELL PHONE		WORK PHONE	CELL PHONE:	
E-MAIL:			E-MAIL:		
RELATIONSHIP TO STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)			RELATIONSHIP TO STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)		
IF RESPONSIBLE ADULT CANNOT BE REACHED, PERSON TO BE CONTACTED IN CASE OF EMERGENCY—NAME (LAST, FIRST):					
PHONE		CELL PHONE		E-MAIL:	
RELATIONSHIP TO STUDENT:					
PERSON RESPONSIBLE FOR STUDENT AFTER SCHOOL—NAME (LAST, FIRST): (IF OTHER THAN RESPONSIBLE ADULTS NOTED ABOVE)					
ADDRESS:					
PHONE		CELL PHONE		E-MAIL	
RELATIONSHIP TO STUDENT:					
PHYSICIAN/AUTHORIZED HEALTH CARE PROVIDER CONTACT: (NAME)			PHYSICIAN/AUTHORIZED HEALTH CARE PROVIDER PHONE:		
DENTIST/HYGIENIST CONTACT: (NAME)			DENTIST/HYGIENIST PHONE:		
HOSPITAL PREFERENCE:					
HEALTH INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CHECK ONE) <input type="checkbox"/> PRIVATE <input type="checkbox"/> HEALTH CHOICE (MEDICAL ASSISTANCE) <input type="checkbox"/> CARE FOR KIDS					
SCHOOL OFFICIALS WILL ADMINISTER FIRST AID AND/OR TAKE YOUR CHILD TO A PHYSICIAN OR HOSPITAL FOR EMERGENCY TREATMENT IN THE EVENT IT APPEARS NECESSARY AND RESPONSIBLE ADULTS NOTED ABOVE CANNOT BE CONTACTED. (THE RESCUE SQUAD WILL BE USED AS DEEMED NECESSARY IN EMERGENCY SITUATIONS.)					
DOES THE STUDENT HAVE AN ALLERGY TO BEE STINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO ADDITIONAL INFORMATION:					
DOES THE STUDENT HAVE AN ALLERGY TO ANY MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO ADDITIONAL INFORMATION:					
DOES THE STUDENT HAVE ANY OTHER ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO ADDITIONAL INFORMATION:					
DOES STUDENT SELF-CARRY AN EPINEPHRINE AUTO-INJECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, MCPS FORM 525-14 MUST BE COMPLETED AND RETURNED TO THE SCHOOL)					
DOES STUDENT SELF-CARRY ANY OTHER EMERGENCY MEDICATION (E.G. ASTHMA INHALER)? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, MCPS FORM 525-13 MUST BE COMPLETED AND RETURNED TO THE SCHOOL)					
ARE THERE ANY OTHER MEDICAL CONSIDERATIONS THAT YOU WOULD LIKE TO SHARE REGARDING THIS STUDENT? (E.G. ASTHMA OR BREATHING PROBLEMS, DIABETES, SEIZURES, OR OTHER PROBLEM)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES (SPECIFY)					
DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES (SPECIFY)					
CURRENTLY PRESCRIBED MEDICATIONS: (OPTIONAL):					
IS MEDICATION BEING ADMINISTERED BY SCHOOL STAFF ON A CONTINUING BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, MCPS FORM 525-13 MUST BE COMPLETED AND RETURNED TO THE SCHOOL)					
_____		_____		____/____/____	
Printed Parent/Guardian Name		Signature of Parent/Guardian		Date	

For Students in Grades 6 through 12 ONLY

Information to Parents/Guardians of Middle School and High School Students Regarding the Maryland Youth Tobacco and Risk Behavior Survey

This section of the form is to notify you about the Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS) and procedures to follow if you **DO NOT** want your child to participate in the MYTRBS.

Your child's school may be taking part in the MYTRBS, conducted by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression and mental health; use of tobacco, alcohol, or other drugs; nutrition and physical activity; and sexual behavior.

The survey has been designed to protect your child's privacy. The survey is confidential and **students will not put their names on the survey**. No school or student will ever be mentioned by name in a report of the results.

The survey is voluntary. If your child is not comfortable answering a question, he or she may skip it. No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty.

If you have any questions about your child's rights as a participant in this survey, or if you feel your child will be harmed in any way by taking part, please call toll-free 1-877-878-3935, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey, please visit www.cdc.gov/HealthyYouth.

If you DO NOT want your child to take part in the survey, (1) please complete the section on the front of the form which indicates "MYTRBS—May Not Participate," (2) return your child's Student Emergency Information form to your child's school.

FREQUENTLY ASKED QUESTIONS

Q. Why is the Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS) conducted?

A. The Maryland DHMH and the MSDE will use the results from the MYTRBS to (1) monitor how priority health risk behaviors among middle and high school students change over time; (2) evaluate the impact of broad state and local efforts to prevent health risk behaviors; and (3) improve school health education policies and programs.

Q. Are sensitive questions asked?

A. Some questions may be considered sensitive by some districts, schools, or parents/guardians. All such questions are presented in a straightforward and sensitive manner and were designed by the CDC. Topic areas covered include use of helmets and seat belts; depression and mental health; use of tobacco, alcohol, other drugs, nutrition and physical activity; and sexual behavior.

Q. Will student names be used or linked to the surveys?

A. No. The survey is designed to protect your child's privacy. The survey is administered by specially trained field staff. Students do not put their name on the survey. When students finish the survey, they place the completed survey in a large box or envelope.

Q. Are students tracked over time to see how their behavior changes?

A. No. Students who participate cannot be tracked because no identifying information is collected.

Q. How are children picked to be in the survey?

A. Statewide, approximately 360 schools and 85,000 students are picked to take part. First schools are randomly picked, and then classrooms in selected schools are randomly picked. Every student in a selected class may participate.