



Student Emergency Information

(Elementary and Middle School Students Only)

Office of the Deputy Superintendent of Schools
Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 565-1
August 2008

If a change of address has occurred, a new proof of residency must be attached to this form before the address can be updated in the computer. Call your school to see what documentation is needed to complete this process.

STUDENT NAME (LAST, FIRST, MIDDLE)		STUDENT ID	GRADE	SECTION	HOMEROOM TEACHER
HOME PHONE	DATE OF BIRTH	GENDER	BUS NO.	CUSTODY CONCERNS <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, contact school)	
HOME ADDRESS		ADDITIONAL MAILING ADDRESS		LANGUAGE SPOKEN AT HOME	
NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)			NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)		
WORK PHONE (EXT):	CELL PHONE:	WORK PHONE (EXT):	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 PARENT CANNOT BE REACHED, PERSON TO BE CONTACTED IN CASE OF EMERGENCY—NAME (LAST, FIRST):					
PHONE (EXT.):	CELL PHONE:		E-MAIL:		
RELATIONSHIP TO STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER					
PERSON RESPONSIBLE FOR STUDENT AFTER SCHOOL—NAME (LAST, FIRST):		LANGUAGE IN WHICH YOU WISH TO RECEIVE 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			
ADDRESS:					
PHONE (EXT.):	CELL PHONE:		E-MAIL:		
RELATIONSHIP TO					
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 neither parent (guardian) can be contacted. (The rescue squad will be used as deemed necessary in emergency situations.)					
PHYSICIAN CONTACT: (NAME)			PHYSICIAN PHONE:		
DENTIST CONTACT: (NAME)			DENTIST PHONE:		
HOSPITAL PREFERENCE:					
ALLERGIES – MEDICATIONS:					
ALLERGIES—BEE STINGS: <input type="checkbox"/> NO <input type="checkbox"/> YES ADDITIONAL INFORMATION:					
ALLERGIES—OTHER:					
CURRENTLY PRESCRIBED MEDICATIONS: (OPTIONAL):					
OTHER CONCERNS:					
HEALTH INSURANCE: <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, CHECK ONE) <input type="checkbox"/> PRIVATE <input type="checkbox"/> HEALTH CHOICE (MEDICAL ASSISTANCE) <input type="checkbox"/> CARE FOR KIDS					
DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES (SPECIFY)					
IS MEDICATION BEING ADMINISTERED BY SCHOOL STAFF ON A CONTINUING BASIS? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, MCPS FORM 525-13 MUST BE COMPLETED AND RETURNED TO THE SCHOOL)					
_____		_____		____/____/____	
Printed Parent/Guardian Name		Signature of Parent/Guardian		Date	