

Souderton Charter School Collaborative

Emergency Contact/Data Card

PLEASE COMPLETE AND RETURN TO SCHOOL AT YOUR CHILD'S ILP CONFERENCE

Date Completed _____

Child _____ **DOB** _____

Address _____ Home Phone _____

Email _____

The name of the Public School (not District) child would attend if not SCSC: _____

MOTHER _____

Home Address _____

Employment Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Email _____

FATHER _____

Home Address _____

Employment Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Email _____

EMERGENCY CONTACTS

(1) Name _____ Relation _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

(2) Name _____ Relation _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

FAMILY PHYSICIAN _____

Office Address _____

Office Phone _____

FAMILY DENTIST _____

Office Address _____

Office Phone _____

Preferred Hospital _____

Insurance Coverage (provide copy of identification card) _____

Policy No. _____ Contact Phone _____

Pertinent Medical History (e.g., seizures, asthma, diabetes) _____

Allergies (Type, Allergen, Manifestation, Treatment) _____

Medication (Name, Amount, Administration Time, Possible Side Effects) _____

Under direction of the school nurse, I give permission to administer the following to my child for pain or fever:
Ibuprofen Tylenol Tums

Parent Signature: _____ Date: _____

Weekly Newsletter (please select *one* of the following three)

Please send me the weekly newsletter via email at: _____ via hardcopy both

Photo Consent

I agree to allow SCSC the use of my child’s picture and/or name to appear in the SCSC website, homebase website, and local newspapers.

Yes No School Website Yes No Newspapers/Other Public Media

Transportation Information

Your School District _____ Bus Number _____

- My child will ride the bus at 3:10pm
- My child will be picked up by _____ at 3:10pm

The following people may pick my child(ren) up from school (please write down the name and relationship of that person to the child) _____

Yes, my child will be attending after school care on the following days: _____

Family Directory Permission

We are compiling a directory of family contact information. This directory will allow students and parent to contact one another at home. Please indicate below if you would like to be included in the directory.

No, do not include me in the Family Directory Yes, include me in the Family Directory

Economically Disadvantaged Status (*)Everyone should complete this section.**

The Pa. Department of Education requires us to survey families regarding economically disadvantaged status. Please check the appropriate box(es) for your family/child. Please check None of the Above and sign, if applicable.

- Temporary Assistance for Needy Families Census Poor
- Medicaid (related to economic issues) Foster Child None of the Above

Ethnicity

The Pa. Dept of Education requires us to survey families regarding ethnicity of each student. Please check the appropriate box for your child.

- American Indian / Alaskan Native Asian Black / African American
- Hispanic (any race) White / Caucasian Native Hawaiian/Pacific Islander Multi-Racial

If you indicated multi-racial, please indicate below *one* primary ethnicity:

- American Indian / Alaskan Native Asian Black / African American
- Hispanic (any race) White / Caucasian Native Hawaiian/Pacific Islander Multi-Racial

Community Learning Opportunities Permission Slip

I give my child _____ permission to attend all general Community Learning Opportunities (CLO) with the Souderton Charter School Collaborative. I understand that these may include walking trips to nearby locations (i.e., Zion Mennonite Church baseball field), local trips that require transportation (i.e., the Indian Valley Public Library) or distant locations that require transportation (i.e., Philadelphia Art Museum). I understand that for trips outside of the local area, I will be notified prior to the trip via letter, email, phone or the homebase’s website.

I approve I disapprove

Parent Signature: _____ Date: _____

Parent Name (print): _____