

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** \_\_\_\_\_

**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:** \_\_\_\_\_

### Photo Consent

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

- |                          |  |                          |                                     |
|--------------------------|--|--------------------------|-------------------------------------|
| Yes                      | No   | Yes                      | No                                  |
| <input type="checkbox"/> | <input type="checkbox"/> School Website or Homebase Web Page | <input type="checkbox"/> | <input type="checkbox"/> Newspapers |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 to contact one another at home, as well as provide parents with phone numbers of other SCSC parents. Please indicate below if you would like to be included in the directory. Please return this form at your child's ILP conference.

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

### Economically Disadvantaged Status

The Pa. Department of Education requires us to survey families regarding economically disadvantaged status. Please check the appropriate box(es) for your family/child(ren) **It's essential that we receive it back from every family before your chil(ren) begin school.**

- |  |   |
|--|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Census Poor                        |
| <input type="checkbox"/> Medicaid (related to economic issues)   | <input type="checkbox"/> Foster Child (Student Name: _____) |
| <input type="checkbox"/> None of the Above                       |   |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

### Community Learning Opportunities Permission Slip

I give my child \_\_\_\_\_ permission to attend all general Community Learning Opportunities 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 requiring transportation, I will be notified prior to the trip via email, phone or the homebase's website. I have read page 15 of the school handbook and understand the procedure these learning opportunities

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_