



# Student Emergency Information (High School Students Only)

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

MCPS Form 565-1A  
July 2009

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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)		YRBS (SEE REVERSE) <input type="checkbox"/> MAY NOT PARTICIPATE
HOME ADDRESS		ADDITIONAL MAILING ADDRESS	LANGUAGE SPOKEN AT HOME		<b>GRADES 11 AND 12 ONLY</b> <input type="checkbox"/> DO NOT RELEASE CONTACT INFORMATION TO MILITARY RECRUITERS.	
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 STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER						
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	

### Information to Parents/Guardians of High School Students Regarding the Youth Risk Behavior Surveillance System (YRBSS) Survey

This section of the form is to notify you about the *Youth Risk Behavior Surveillance System* (YRBSS) and procedures to follow if you **DO NOT** want your child to participate in the YRBSS survey. The United States Centers for Disease Control and Prevention created the YRBSS to measure risk factors and to monitor the effectiveness of risk reduction programs. The survey is designed 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 behaviors.

The Maryland State Department of Education requires local school systems to utilize passive parental consent for the administration of the YRBSS survey in order to obtain a completely representative and statistically valid number of survey participants. During the school year, a random sampling of high schools may be selected to participate in the survey. Unless you indicate on the front of this form that your child may not participate in the survey, he/she may be given the survey if their school is included in the random sample. Please consider the following factors as you make your decision:

- Your child's participation in the YRBSS survey is voluntary.
- The YRBSS survey is confidential and your child's answers will be kept private.
- Your child's name is not required on the survey answer sheet.

For more information about the YRBSS survey or to request a copy of the survey questions, please contact the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333, telephone number 800-232-4636, or visit the following website: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

If you **DO NOT** want your child to participate in the YRBSS survey, please complete the section on the front of the form which indicates "YRBSS—May Not Participate."