

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
 Extended Day Program  
**EMERGENCY PROCEDURE CARD**



**PLEASE PRINT ALL INFORMATION**

School \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Area Code \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Area Code \_\_\_\_\_

Alternate Person To be Notified \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Area Code \_\_\_\_\_

If emergency treatment is required, can the Extended Day Program send the child to the hospital or doctor most easily accessible before parents are reached?  Yes  No  
 Preferred Hospital \_\_\_\_\_ Preferred Doctor \_\_\_\_\_ Dr. Office Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Area Code \_\_\_\_\_

Does the child have any physical disabilities?  Yes  No If yes, please describe \_\_\_\_\_

Does the child have allergies?  Yes  No If yes, please describe \_\_\_\_\_

For headache or minor illness, may the child take: An aspirin substitute  Yes  No Pepto-Bismol  Yes  No

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 An Equal Opportunity Agency FC-740-1513 (Rev.6/96)

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

**CONSENT AND RELEASE TO PHOTOGRAPH/VIDEOTAPE/INTERVIEW STUDENT**

I, \_\_\_\_\_ the parent/ guardian of \_\_\_\_\_  
 Print Parent/Guardian Name Student Name

Student ID# \_\_\_\_\_ Grade \_\_\_\_\_, a student at \_\_\_\_\_ school on behalf of my child,

**Do Consent**  **Do Not Consent** to the photographing/videotaping/interviewing of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape/interview. It is understood the photograph(s)/videotape(s)/interview(s) and the name of my child may be used for promotional purposes inside and/or outside of the School District of Osceola County, Florida, including but not limited to, on social media sites and applications.

I do hereby release and waive any and all claims, demands, or objections against the said school and School District in connection with or arising out of the said photograph/videotape/interview of my child.

It is understood that the school or School District will not duplicate photograph(s)/videotape(s)/interview(s) for the use or benefit of any individual student or parent/guardian. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_