## Howard County Public School System Office of Student Services

## **Emergency Procedure Information**

U14 UD
HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

(Please print all	informatio	on)		<u></u>							
Student Name (Last				First		Mid	ldle)			ID #	
School Year	Grade	Bus#	Locker#	Homeroom		Date of Birth	Gender	Primary Langua	ge		
Student Resi	les With:		1				<del></del>	<u> L</u>			
Both		Iother [	Father	Mother/Ste	enfathe	r TTFather/	Stepmoth	er Legal		oster Othe	
Parents				<u> </u>	рицис	L Tadion	pinom	Outlotter		arent Uthe	
Student's Home Address Street:						Student's Mailing Address (Leave blank if same as home address)  Street:					
·											
City:						City:					
State, Zip Code:						State, Zip Code:					
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								proceed with co ld up <u>at any tim</u>			
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<u>,                                    </u>	· .		I LIE.	Relationship			ress	THOL	Emergence	y Contact #'s	
<del>-</del>	✓ Name			Relationship		Add	iress		(H)	y Contact # 5	
									(W)		
Email:			·	·					(C)		
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Parent is acti	ve duty n	nilitary	yes [	no Locatio	n	· .					
Lanthorize e	nnlovees	and agent	s of HCPS	⊐ S to verify the a	above i	information.	·				
Parent/Guar			o or accord	20 , 01 11j			1	Date			
татеционат	man Digi					<u></u>					
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST H								<del></del>			
Child's Medical Provider:									Phone #		
Health Insura	ince I	List any per	tinent heal	th problems, for	examp	le, allergic to b	ee stings	, specific medicat	ions needed	, etc.:	
yes	no							. •			
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Student Glave	hire							Date			
Student Signa	.ure							Date		· · · · · · · · · · · · · · · · · · ·	