



Emergency Card

A.C.E. Academy Charter School

Student Information

Complete all information on both sides		CONFIDENTIAL		Please Print	
Today's Date: _____ 2016/2017 Grade: _____ Student's Last Name (Legal) First Middle _____ Street Address Apt. # Zip Code _____ Home #1 Home #2		Date of Birth _____ Language Spoken at Home _____ Last School Attended _____ City _____ State _____ School Year _____ Grade _____		Office Use Only Teacher/Cnslr. _____ Grade _____ Room _____ Bus _____ CONCAP () Home School SP, Ed. () RSP () Eth. Cd ()	
Parent/Guardian #1 Name _____ Address _____ _____ Relationship _____ Driver's Lic. # _____		Parent/Guardian #1 Name & Address of Employment _____ Work Phone _____ Cell Phone _____ Email address _____		Parent/Guardian #2 Name & Address of Employment _____ Work Phone _____ Cell Phone _____ Email address _____	
Parent/Guardian #2 Name _____ Address _____ _____ Relationship _____ Driver's Lic. # _____		Day Care Provider: _____ Phone #1 _____ Phone #2 _____ List names of other children attending this school: _____ _____ _____		School is authorized to share my phone number with the PTA: Yes _____ No _____	
Parent/Guardian with whom the child lives _____ Phone _____ If the parents are divorced or separated, to whom has physical custody been given? (attach verification) _____		Check here if student will be riding the bus: Yes _____ Bus Number _____			

PLEASE READ: The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency information. The school shall be notified, in writing of telephone or address changes within three days (3) of the occurrence. If the school is unable to reach anyone on this card in an emergency of if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

I have read this and understand my responsibility. Parent/Guardian Signature: _____

Note: The adults listed below are authorized to pick up and care for the above-named student. The student may be released to others with a written or verbal authorization.

Name 1 _____ Phone: _____ Relationship _____	Name 2 _____ Phone: _____ Relationship _____	Name 3 _____ Phone: _____ Relationship _____
Name 4 _____ Phone: _____ Relationship _____	Name 5 _____ Phone: _____ Relationship _____	Name 6 _____ Phone: _____ Relationship _____

A.C.E. Academy Charter School

Mailing Address:
4365 Schoolhouse Commons
Suite 500 #157
Harrisburg, NC 28075
Phone: 888-244-6511, Ext. 101

7807 Caldwell Road
Harrisburg, NC 28075
Phone: 704-207-0232
Fax: 704-626-2655

www.aceacademycharter.org

CONTINUED ON BACK



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Does your child have a medical 504 Plan and/or IEP Plan (Past or Present)? Yes No

If so, Please explain: _____

Special Instructions / Comments / (Include instructions for picking up students): _____

General Health Information

CHECK HERE IF THERE ARE NO HEALTH PROBLEMS

Does the student wear glasses or contact lenses? Yes No

Does the student wear hearing aids or is the student diagnosed with hearing loss? Yes No

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD:

ADD/ADHD Frequent ear infections Frequent Headaches Frequent Nosebleeds Asthma Eczema Heart Problems
Diabetes Type I Type II Fainting Spells Seasonal Allergy Severe Allergy Epi-pen Seizures

Other: _____

LIST ALL MEDICATION, WITH DOSAGE, TAKEN BY YOUR CHILD

AT HOME _____ AT SCHOOL _____

Does student have condition that limits participation in: Classroom Physical Education

Explain: _____

(NOTE: The physical must provide a note explaining the limitation and reason for the students limited participation in physical education and the note must be updated every year.)

SPECIAL INSTRUCTIONS/COMMENTS: List any special health needs or medical problems, including allergic reactions (food, bee sting, etc.), if student has an active emergency care plan, medical 504 plan, diabetic medical management plan, etc.

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____ Pager _____

Emergency Facility _____ Phone _____

Does the student have health insurance? Yes _____ No _____ Does the student have dental insurance? Yes _____ No _____

Name of Insurance Coverage or Health Care Provider: _____ Students Medical Record Number _____

If not, I give permission to A.C.E. Academy to share this information to help apply for health insurance for my child. Yes No

I certify that the information is true and correct.

Parent/Guardian Signature _____ Date: _____

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