



Orange County
Public Schools

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Information Form

School Year 2024-2025

Emergency Information - English

STUDENT INFORMATION

Student Number: _____

Last Name (Legal)	Name Suffix (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation	
Parent/Guardian - Primary E-mail Address		Gender	Birth Date
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address Domicile		Apt #	City
			Zip Code
Mailing Address		Apt #	City
			Zip Code
Medical History/Physical Limitations			
Allergies to Medication, Food, or other substances..			
Medications	Food (Diet Order Form Link-Please complete and take to school*)	Other substances	

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Primary Phone	Cell Phone	Employer	Business Phone
Do you need communication in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____			

Last Name	First Name	Relationship	Pick up
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone
Do you need communication in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____			

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.

*Diet Order Form - Parent/Guardians must complete and sign the front of the form in its entirety. A signature releasing medical information is necessary should the physician need to be contacted regarding diets related to medical disabilities.