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| CONFIDENTIAL  Student Emergency Response  Personal Safety Information Form | **Place Student’s Picture Here**  Elementary School |

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| **Name of Student:** | **School:** | | **Grade:** |
| **Site Special Needs Safety Coordinator:** | | **Site Principal:** | |
| **Completed by:** | | **Date completed:** | |

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| **Please check the box next to the condition that identifies the student’s need for evacuation assistance. Check all boxes that apply:** | | | | | | | | | | | | |
| 1. **Communication or Speech-Related Disability:** | | | | | | **Non-verbal** | | | **Non-English speaking** | | **Uses sign language** | |
| 1. **The student is mobility impaired and uses:** | | | | | | | | | | | | |
|  | **Wheelchair** | | **Walker** | | **Body Brace** | | **Other** | | | | | |
| 1. **The student has a vision/hearing impairment:** | | | | | | | | | | | | |
|  | **Legally blind (Do not check box when the sight is resolved by wearing corrective lenses)** | | | | | | | | | | | |
|  | **Hearing impaired** | | | | | | | | | | | |
|  | **Uses assistive equipment/technology (Please specify)** | | | | | | | | | | | |
| 1. **The student has the following condition(s):** | | | | | | | | | | | | |
|  | **Autism** | **Seizure** | | **Intellectual Disability** | | | | **Severe Allergy** | | **Asthma** | | **Diabetes** |
|  | **Emotional/Psychological Disorder:** | | | | | | | | **Other Health Condition:** | | | |
| **Medication(s) Taken:** | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | | **Dosage** | **Time(s)** | **Taken At Home** | | **Taken At School** | |
| **1.** |  |  |  | **Yes** | **No** | **Yes** | **No** |
| **2.** |  |  |  | **Yes** | **No** | **Yes** | **No** |
| **3.** |  |  |  | **Yes** | **No** | **Yes** | **No** |

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| **Other equipment required (if applicable):** |
| **Type of Evacuation Equipment (if applicable):** |
| **Location of Evacuation Equipment (if applicable):** |
| **Special Instructions:** |

**This plan will be revised as necessary to address the student’s schedule changes.**

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| **Time of Day** | **Room #** | **Teacher** | **Assigned Personnel for Evacuation** | |
|  |  |  | **Primary** | **Alternate** |
| **Before School Program** |  |  |  |  |
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| **After School Program** |  |  |  |  |

**I acknowledge, with my signature below, that the information on this plan concerning my child is accurate and have been provided the opportunity to discuss with district personnel any concerns that I may have concerning the safety of my child in the event of an emergency. I also permit the release of this document to any and all persons assisting during an emergency, including district staff, volunteers, and emergency responders. I understand that I have the right to revoke this authorization, in writing, at any time.**

|  |  |  |
| --- | --- | --- |
| **PRINT Parent Name:** | **Parent Signature:** |  |
|  | **Date:** |  |

**Important Note: Use of this form should be approved by district senior leadership and district legal counsel.**