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| CONFIDENTIALStudent Emergency ResponsePersonal 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** |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|       |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
| **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.**