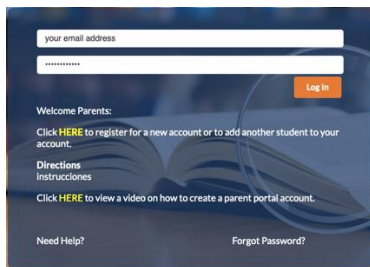




myStudent Documentation

Emergency Card Information for Parents

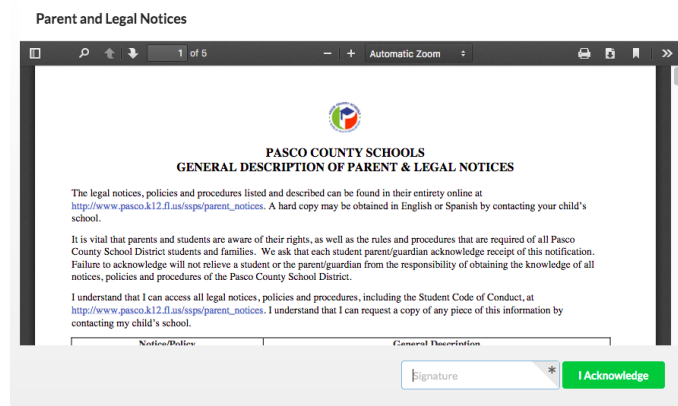
The Emergency Card Information update for parents within myStudent is the information provided on the typical MIS 415 or MIS 416 form annual collected within the Orientation day process at school sites. Beginning this year, the Emergency Information can be provided electronically for each family. One entry will be made for each student enrolled.



A parent first will enter their portal account. They can access the parent portal from the District website on the **Parent** page and by selecting **Check Grades/Attendance**.

Select [HERE](#) to link to the myStudent Parent Portal.

After a parent logs in, they will first update their **Legal Notices Acknowledgement** prior to be brought to the portal entrance within myStudent. Each year, the Legal Notices are provided for parents through the parent portal entrance and the parent is asked to acknowledge. A parent will scroll to the bottom of the screen and acknowledge, by providing their first and last name in the signature line and selecting Acknowledge. After acknowledging the family can later access the Legal Notices in the **News** area of the Parent Portal for later review.





myStudent Documentation

Emergency Card Information for Parents


After the General Description of Parent and Legal Notices, the parent will be brought to the Emergency Information Card update screen. If a parent has multiple students enrolled in the school district, the parent will have a separate Emergency Information Card for update and review for each student. After completion of all Emergency Information Cards for each individual child, the parent will be able to move to the parent portal to pay fees and view the student schedule for each child. Bus pass information is available in the parent portal under the **Transportation Routes** page within the **Child Info** screen.

Note: Schedules will not be available until mid-August within the parent portal.

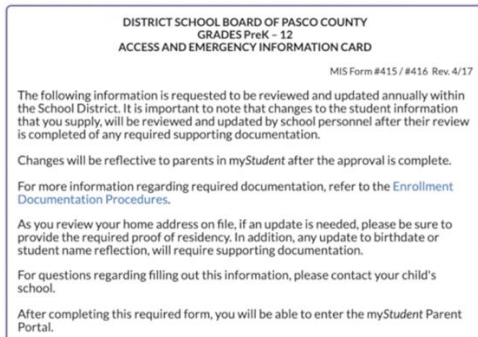
To begin an Emergency Information Card update, please select the **Not yet started – Click here to begin** button.

Pending Forms

The district and/or school has requested that the following form(s) be completed at this time in order to update your student information

	Student Name	Form	Status
	Acevedo, Ares Rose	Emergency Information Card	Not yet started - Click to begin in English [EN]

Page 1 of the Emergency Information Card:



Please review the Enrollment Documentation Procedures linked within page 1 of the Emergency Information Card for more information about Address update information and proof of residency requirements for an address update to be made in the student information system. After reviewing this page, select the **Next Page** button at the bottom of the screen.



Emergency Card Information for Parents

Page 2 of the Emergency Information Card:

The next page a family will review is the Florida Statute language regarding updating residency information within a certain period of time. After reviewing the contents of this page, please select **Next Page** located at the bottom of the page.

Please review the following Florida Statute language as you prepare for submission of Emergency Information Card Updates within myStudent.

The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute §2.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school's zone. Failure to give timely notice may result in a reassignment to the student's zoned school and/or loss of eligibility for athletics and other activities.

[Previous Page](#)
[Next Page](#)
[Save and Continue Later](#)

Page 3 of the Emergency Information Card:



This area will display the first, middle and last name of the student that is currently on file. In addition, the date of birth for the student that is on file will display. The parent will be asked to review this area and indicate **No** for no update needed or indicate **Yes** and provide a copy of the Birth Certificate for any update that is necessary. If Yes is selected, the the uploaded Birth Certificate is necessary to move forward within the Emergency Information Card update.

Please review your child's name on file within myStudent. The first name, middle name and last name must be listed as appears on the birth certificate.

Confirm your child's information: Name (last, first middle): **Hebert, Leanne Paul**
 Birth Date: **10/19/2002** Student ID: **398169**

Does your child's name or date of birth need to be updated? Yes No

Please upload the birth certificate below.

Upload Birth Certificate*  

[Previous Page](#)
[Next Page](#)
[Save and Continue Later](#)

Emergency Card Information for Parents

Page 4 of the Emergency Information Card:

This area will display the box to provide any brothers and/or sisters to the student's Emergency Information Card that the parent is currently working to provide information for within myStudent. In order to save this area, please type within the text box area provided and **select enter or return** to initiate the **SAVE** button to appear. A parent can list multiple siblings by repeating the entry steps. A parent with one child may leave this box blank. It is important to note that the entry for this area is intended for students enrolled in a Pasco County School. Siblings not old enrolled, do not need to be provided.

Please list any additional brothers/sisters enrolled in any Pasco County School by providing the information below.

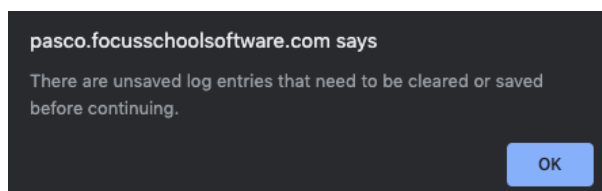
Note: Type the text within the text box areas provided and select enter or return. Press SAVE highlighted in red.

Sibling Save

First Name	Last Name	Date of Birth	Pasco Student Id
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Page Next Page
Save and Continue Later

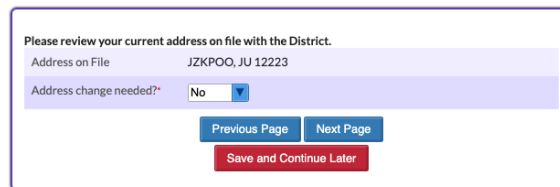
Note: As a parent is entering information, they will get a message below if they attempt to enter information without selecting the accompanying save button. To return to the Emergency Information Card area, the parent can select OK and then proceed to the save of the area.



Emergency Card Information for Parents

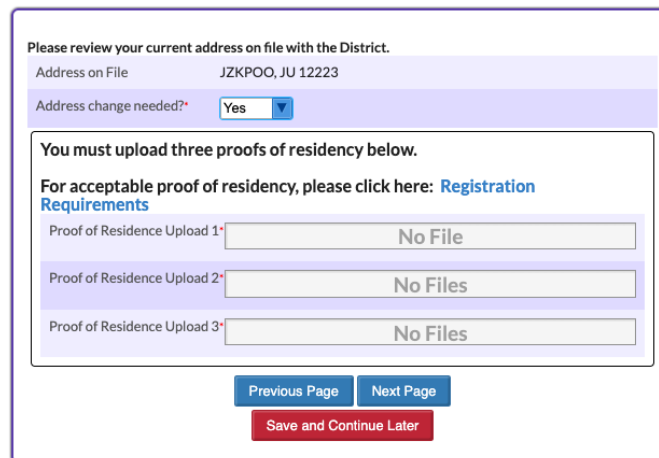
Page 5 of the Emergency Information Card:

This area will display the box to review the current primary address on file for the student. If after review, **no** update to the address is needed, please proceed to the **Next Page**.



Please review your current address on file with the District.
Address on File JZKPOO, JU 12223
Address change needed? No
Previous Page Next Page
Save and Continue Later

If after review, there is a need to update the primary address on file for the student, select **Yes** in the dropdown for **Address change needed?** Please remember, the accompanying three proofs of residency will be required. At any time, to get more information on the documentation necessary, select the **Registration Requirements** link within the Emergency Card Information page listed in the page.



Please review your current address on file with the District.
Address on File JZKPOO, JU 12223
Address change needed? Yes
You must upload three proofs of residency below.
For acceptable proof of residency, please click here: [Registration Requirements](#)
Proof of Residence Upload 1* No File
Proof of Residence Upload 2* No Files
Proof of Residence Upload 3* No Files
Previous Page Next Page
Save and Continue Later

Emergency Card Information for Parents


Page 6 of the Emergency Information Card:

The first area of this page will display the contact information currently on file for **Custodial Contacts**. In the below visual, the parent has reviewed the **Custodial Contacts** area and determined a need to update the information on file. By selecting **Yes**, the text area to enter specific information regarding contact information appears. Please remember to **select enter or return** on the computer keyboard in order to initiate the **Save** button becoming red. It will be necessary to select **Save** as it is highlighted in red.

Below are a list of current custodial contacts in myStudent. Scroll across to see the information currently reflected.

Important Note: A custodial parent will be able to provide update to their own information only.

Current Custodial Contact

Export  Filters: OFF

name	student_relation	email	cell_phone	employed_by	wo
Oxgahk Oxgahk	Father				
Oxgahk Oxgahk	Mother				

Do you need to make a change/addition to custodial contacts? Yes

Note: Type the text within the text box areas provided and select enter or return to initiate the save for each individual line below.

Update Custodial Contact*



First Name	Last Name	Relationship	Cell Phone	Email Address	Employed By	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mary	Smith	Mot...	111-111-1	emailaddress@	Employer Her	111-111-111

Emergency Card Information for Parents

The next area on this page will display the contact information currently on file for **Emergency Contacts**. In the below visual, the parent will review the **Emergency Contacts** area and determined a need to update the information on file or not. By selecting **Yes**, the text area to enter specific information regarding contact information appears. The parent will have an area for update/changes and then an area for removing an Emergency Contact, who should no longer appear. Please remember to **select enter or return** on the computer keyboard in order to initiate the **Save** button becoming red if Yes is selected to update an Emergency Contact. It will be necessary to select **Save** as it is highlighted in red.

Below are a list of emergency contacts in myStudent. These are people who will care for child in case parent/guardian cannot be reached. These individuals may sign my child out (photo I.D. required).

Current Emergency Contacts

Export   Filters OFF

name	student_relation	cell_phone	work_phone
Oxgahk Oxgahk	Grandmother		
Oxgahk Oxgahk	Grandfather		
Oxgahk Oxgahk	Friend		
Oxgahk Oxgahk	Grandmother		
Oxgahk Oxgahk	Grandmother		

Please review the health conditions currently on file.

Current Health Conditions

No Records Found

Now that you have reviewed the listed health conditions on file within myStudent, please enter any updated or additional health condition information below.

The school nurse will review this information provided.

In addition, the parent/guardian must notify the school cafeteria of food allergies or special nutritional needs of their student separate from updating this emergency card information.

Note: Type the text within the text box areas provided and select enter or return. Press SAVE highlighted in red.

List all health conditions and/or allergies (food, medication, sting, etc) even if previously reported

Conditions/Allergies

Save

Health conditions and/or allergies

Remove
Emergency
Contacts

Save

First Name

Last Name

Emergency Card Information for Parents

In the last section of this page, the parent has an area available to upload any supporting documentation regarding a person who may not legally contact their child.

Person(s) who MAY NOT legally contact or remove my child from school (provide legal documentation)

Legal Documentation Upload

[Previous Page](#) [Next Page](#)

[Save and Continue Later](#)

Page 7 of the Emergency Information Card:

The next page of the Emergency Card includes a focus on health related information for the parent to review and update. Please read carefully the information on the page regarding Parental Consent.

In the following section, you will be asked health related information regarding your child. This information will be reviewed by the school nurse. Please read carefully the information below, prior to moving to the next page.

PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, scoliosis, blood pressure, and height and weight screening at certain grade levels. In addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the emergency contacts listed on this form be contacted and requested to care for my child until I can be reached.



I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

The next information on this page, is regarding health conditions currently listed within myStudent. The health conditions visible are from previous entries from information provided through paper MIS forms submitted annually. Please review the Health Conditions on file and please provide the current list of health conditions. This information will be reviewed by the School Nurse. Please note, this information will be reviewed in the order received and will be updated after full review is complete. The information will take time to be input in the parent portal for parents to see. In the below example, the parent will review Visual Impairment has been previously reported. After the parent review, they can add the visual impairment and any additional health conditions.

Emergency Card Information for Parents

Please review the health conditions currently on file.

Current Health Conditions

Export   Filter: OFF

health_condition
Visual Impairment

Now that you have reviewed the listed health conditions on file within myStudent, please enter any updated or additional health condition information below.

The school nurse will review this information provided.

In addition, the parent/guardian must notify the school cafeteria of food allergies or special nutritional needs of their student separate from updating this emergency card information.

Note: Type the text within the text box areas provided and select enter or return to initiate the save for each individual line below.

List all health conditions and/or allergies (food, medication, sting, etc) even if previously reported

List all health conditions and/or allergies (food, medication, sting, etc) even if previously reported

Conditions/Allergies

Save

Health conditions and/or allergies
 allergy to bees

After review and providing any updates to the Health Conditions area, the parent will next list any medications. If there are no medications taken at home or at school, the parent can select the next area to continue.

List any medication(s) your child is currently taking (at home or school)

Medication(s)

Save

Medication
 enter medication here

Emergency Card Information for Parents

In the last area of this page, the parent is required to list physician, hospital and dentist name and phone numbers. These fields must be completed in order to move forward to the last steps toward submission of the Emergency Information Card. Multiple doctors can be listed as necessary. If at any point, a parent needs to leave the update area and return later they can select **Save and Continue later**. After entering this information and **saving** in each area, the parent can select **next page**.

In the following area, you will be required to enter the physician, hospital and dentist with the specific phone number. You will not be able to move forward within this entry area until you add the required information.

Note: Type the text within the text box areas provided and select enter or return. Press **SAVE** highlighted in red.

Hospital*

Save

Hospital Preference	Phone Number
<input type="text"/>	<input type="text"/>

Physician*

Save

Physician's Name	Phone Number
<input type="text"/>	<input type="text"/>

Dentist*

Save

Dentist's Name	Phone Number
<input type="text"/>	<input type="text"/>

Previous Page

Next Page

Save and Continue Later

Emergency Card Information for Parents

Page 8 of the Emergency Information Card:

This page reflects the Parental Consent Information and asks for the parent to indicate **Consent** by selecting **Yes** or **No** in the dropdown.

Note: If selecting **No**, the parent will need to contact their child's school to obtain a paper copy of the Emergency Information Card and discuss their concerns for the Consent area.

PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, scoliosis, blood pressure, and height and weight screening at certain grade levels. In addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the emergency contacts listed on this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

Consent:

If you indicated **No**, you will need to contact your child's school to complete a paper copy of this Emergency Information Card and discuss any consent issues.

[Previous Page](#) [Next Page](#)
[Save and Continue Later](#)

The final page of the Emergency Information Card, thanks you for your time in reviewing and completing the form submission. In order to finish, select **Submit and Finish**. If at any time, a parent needs to revisit a previous page, they may do so prior to submission. Any updates after submission, will require contacting your child's school and working with them to update the information on file.

Thank you for reviewing and providing updated information for your child.

It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers as they change. Please remember throughout the school year, as information becomes outdated to provide updates by contacting your child's school directly.

[Previous Page](#)
[Submit and Finish](#)

A parent can return to the parent portal to continue reviewing and submitting Emergency Information Cards for additional students. After completion of the last form, the parent can view student information through the parent portal.

For assistance regarding submission of the Emergency Information Card, please reach out to myStudenthelp@pasco.k12.fl.us