

Baltimore County Public Schools
Perry Hall High
 Emergency Contact Information for School Year 2017-2018

First Name _____ **Last Name** _____ **Grade** _____

Address _____

Date Of Birth _____

No Changes for 2017-2018

Siblings (attending BCPS)

First Name	Last Name	Relationship	School	Resides with Student? (Yes/No)	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Parent/Guardian Emergency Contact Information: Primary Contact in the event of a student absence, school closing or other emergency.

Relationship _____ **Resides with Student? (Yes/No)** _____

First _____ **Last** _____

Address Line _____ **Email 1** _____

City, State, Zip _____ **Email 2** _____

	Telephone	Ext	Home, Cell, Work	OK to Text
Primary Emergency Number	_____	_____	_____	<input type="checkbox"/>
Secondary Emergency Number	_____	_____	_____	<input type="checkbox"/>
Additional Emergency Number(s)	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>

NOTE: In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify:

Non-Emergent Number _____ **Ext** _____ **Work, Home Cell** _____

Ok to Text (Yes/No) _____

If you would like to opt out of non-emergent notifications, sign here: _____

NOTE: Your signature confirms that you will not receive calls regarding non-emergent information.

To submit opt-out preferences for your child's directory information, intellectual property and student photo, video and sound recordings, complete the Parental Privacy Preference Opt-Out Form (Rule 6202 Form A) and return to your child's school.

Emergency Contact Information for School Year 2017-2018

First Name _____ Last Name _____

Secondary Emergency Contact: Secondary Contact to be called if primary contact cannot be reached.

Relationship _____ Resides with Student? (Yes/No) _____

First _____ Last _____ Email 1 _____

Address Line _____ Email 2 _____

City, State, Zip _____

Telephone _____ Ext _____ Home, Cell, Work _____ OK to Text _____

Primary Emergency Number _____

Secondary Emergency Number _____

Additional Emergency Number(s) _____

In the event of an emergency ONLY when parents/guardians cannot be reached, please list three people we may contact to pick up your student. **NOTE: This does not represent a list for general dismissals. All dismissals must be approved by a parent/guardian, preferably in writing.** In case of accident or serious illness, the school will contact the parent/guardian. If the school is unable to reach the parent/guardian, the school will contact the parties listed below or the child's physician/dentist listed on the health form. The school may also make whatever arrangements seem necessary, including calling an ambulance and transporting your student to the hospital.

Other Emergency Contacts: People to whom student can be released from school.

First Name	Last Name	Relationship	Telephone	Ext	Work, Home, Cell
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you want your child to participate in the Maryland Youth Tobacco & Risk Behavior Survey? (See the MYTRBS Fact Sheet, also enclosed, for more information)

DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS)

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child, UNLESS a parent has a court order that indicates otherwise. The school MUST HAVE A COPY OF THE CURRENT COURT ORDER on file.

I have provided the school with legal papers for the student.

NOTE: Legal papers include custody papers, protective and/or peace orders, and other court orders.

I certify all information on this form is correct and up-to-date.

Parent/Guardian Signature

Date

MARYLAND YOUTH TOBACCO & RISK BEHAVIOR SURVEY

PARENTAL “OPT OUT”

Our school may be taking part in the Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS), conducted by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior. The survey takes one class period (45 minutes) to complete.

The survey has been designed to protect your child’s privacy. The survey is confidential and **students will not put their names on the survey**. Also, no school or student will ever be mentioned by name in a report of the results. Although your child may not benefit immediately from taking part in the survey, all children will ultimately benefit from the information collected that will guide the development and implementation of State and local programs designed to increase their health.

We would like all selected students to take part in the survey. However, the survey is voluntary. Doing this paper and pencil survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. **If your child is not comfortable answering a question, he or she may skip it.** No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty. The survey takes one 45 minute class period to complete. A copy of the questionnaire is available for your review at the school and on the website listed below.

A review board has approved the survey. If you have any questions about your child’s rights as a participant in this survey, or if you feel your child will be harmed in any way by taking part, please call toll-free 1-877-878-3935, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey, please visit <http://fha.dhmh.maryland.gov/ohpetup/SitePages/YTRBS.aspx> or www.cdc.gov/HealthyYouth.

If you do not want your child to take part in the survey, (1) check the box and sign where indicated on your child’s contact information form and (2) return your child’s emergency contact information by **October 1, 2017.**

FREQUENTLY ASKED QUESTIONS

Q. Why is the *Maryland Youth Tobacco and Risk Behavior Survey* (MYTRBS) conducted?

A. The Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education will use the results from the MYTRBS to (1) monitor how priority health risk behaviors among middle and high school students change over time; (2) evaluate the impact of broad state and local efforts to prevent health risk behaviors; and (3) improve school health education policies and programs.

Q. Are sensitive questions asked?

A. Some questions may be considered sensitive by some districts, schools, or parents. All such questions are presented in a straightforward and sensitive manner and were designed by the CDC. Topic areas covered include use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, other drugs, nutrition and physical activity, and sexual behavior.

Q. Will student names be used or linked to the surveys?

A. No. The survey is designed to protect your child’s privacy. The survey is administered by specially trained field staff. Students do not put their name on the survey. When students finish the survey, they place the completed survey in a large box or envelope.

Q. Are students tracked over time to see how their behavior changes?

A. No. Students who participated cannot be tracked because no identifying information is collected.

Q. How are students picked to be in the survey?

A. Statewide, approximately 360 schools and 85,000 students are picked to take part. First, schools are randomly picked, and then classrooms in selected schools are randomly picked. Every student in a selected class may participate.



BALTIMORE COUNTY PUBLIC SCHOOLS

Parental Privacy Preference Opt-Out Form

INSTRUCTIONS: Complete both pages of this Opt-Out Form and return the signed form to your child's principal by **October 1** of the current school year, or **within 30 days of your child's enrollment in school.**

Student Information

Student's Last Name	First Name	
School	Grade	Teacher

Directory Information Opt-Out

The *Family Educational Rights and Privacy Act (FERPA)*, a federal law, requires that Baltimore County Public Schools (BCPS), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, BCPS may disclose appropriately designated "directory information" without written consent, unless you have provided written notice to the school system to the contrary.

In accordance with Superintendent's Rule 5230, *Student Records*, BCPS has identified the following information as "directory information" and releases the following information without parent consent: student's first name and last name, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance and degrees and awards received.

Federal law also requires that BCPS provide names, addresses and telephone numbers of secondary school students to military recruiters or institutions of higher education that request the information, except where the parent or eligible student opts out by notifying the school system in writing that he/she does not consent to the release of this information.

To opt out means that a parent/guardian or eligible student is not permitting BCPS to share a student's directory information. If you do not express your preferences, you are giving BCPS permission to disclose your child's directory information upon request

Note: If you "opt-out" of the release of directory information, BCPS will not release your child's directory information to anyone, including, but not limited to: Boys and Girls Clubs, YMCA, scouts, PTA, booster clubs, yearbook/memory book companies that take photographs at schools and/or other agencies and organizations.

Please check the appropriate boxes below.

- DO NOT release my child's directory information to anyone.
- DO NOT release my child's name, address and telephone number to military recruiters.
- DO NOT release my child's name, address and telephone number to institutions of higher education.

Parent Signature _____ Date _____

Continued on Next Page

Intellectual Property Opt-Out

In accordance with Board of Education Policy and Superintendent’s Rule 6202, *Technology Acceptable Use Policy (TAUP) for Students*, a parent may withhold permission to have a student’s intellectual property published. As the parent or guardian of the student identified above, I understand that I may withhold permission if I do not want BCPS to publish and/or display my child’s intellectual property created during school-sponsored activities and/or learning experiences in a school or school-system web site, pod cast, video production, TV production or broadcast, commercial news broadcast, newsletters or by any other means.

If you do not want your child’s intellectual property released, check the box below and sign:

DO NOT release the intellectual property of my child.

Parent Signature _____ Date _____

Student Photographs, Videos and/or Sound Recordings Opt-Out

In accordance with Board of Education Policy and Superintendent’s Rule 6202, *Technology Acceptable Use Policy (TAUP) for Students*, a parent may withhold permission to have a student photographed, videotaped, and/or audiotaped during school-sponsored activities, learning experiences, and/or media events. As the parent or guardian of the student identified above, I understand that if I opt-out, the student will not be included in pictures taken by school staff, students or anyone outside the school, including commercial photographers and outside news organizations. If the parent denies such permission, the student’s picture will not be used in any BCPS publication or communication vehicle, including, but not limited to, printed materials, web sites, social media sites or the cable television channel operated, produced or maintained by BCPS’ schools or offices, nor will my child’s picture be part of a school yearbook, memory book, memory video, sports team, club or any other medium.

Note: This does not include videotaping by security cameras in school or on school buses.

If you do not want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

DO NOT allow my child to be photographed, videotaped and/or audio taped during school-sponsored activities and/or learning experiences.

Parent Signature _____ Date _____

RETURN THIS COMPLETED FORM TO THE PRINCIPAL OF YOUR CHILD’S SCHOOL BY OCTOBER 1 OF THE CURRENT SCHOOL YEAR OR WITHIN 30 DAYS OF THE STUDENT’S ENROLLMENT IN SCHOOL.