

HCPSS

Completing the Emergency Procedure Card

Howard County Public Schools ☯ Technology Department ☯ Document ID No: ASP195 ☯ Revision Date: 08/11/2014

! =Warning

🕒 =Timesaver

✉ =Note

About the Emergency Procedure Card

The Howard County Public School System (HCPSS) has implemented a new process for parents/guardians to complete Emergency Procedure Card (ER Card) information. Parents/guardians must complete an ER Card for each student.

NOTE: You must have a valid HCPSS Family Portal user name and password to access the new ER Card. If you have forgotten your username and password or if you experience any issues completing the ER Card, please contact your student's school.

The ER Card is organized into separate pages. You must verify and/or enter information on each page. The pages are:

- **Student Information:** Your student's address and contact information.
- **Parent/Guardian Information:** Information for the student's parents or guardians.
- **Contacts:** Your student's authorized contacts in case of an emergency.
- **Medical Information:** Your student's health information.
- **Arrival/Departure Information:** Instructions for your student's method of transportation for arrival, departure, and early closing.
- **Media Release:** Permission to use your student's photo in print, TV, radio, online and/or via social media.
- **Data Confidentiality:** Permission to release your student's information to various organizations.

The screenshot shows the 'HCPSS - EMERGENCY PROCEDURE/STUDENT INFO FORM' interface. The top navigation bar includes 'Home' and 'Logout' links. A sidebar on the left lists menu items: 'Student Information' (highlighted), 'Parent/Guardian Information', 'Emergency Contacts', 'Medical Information', 'Arrival/Departure Information', 'Media Release', and 'Data Confidentiality'. The main content area displays the student's name 'NAME: Smith, Amy' and 'GRADE: 04'. Below this is the 'STUDENT INFORMATION' section with the following fields: Last Name: Smith, First Name: Amy, Middle Name: (blank), Student ID: 008223456, School Year: 2013-2014, Grade: 04, School Name: Phelps Luck Elementary School, Date of Birth: (blank), Gender: Female, Primary Language: English (dropdown), Student Home Phone: (input field), Student Work Phone: (input field with 'Work Phone' label), and Student Cell Phone: (input field with 'Cell Phone' label). A blue note box states: 'NOTE: IF YOUR STUDENT'S ADDRESS HAS CHANGED, YOU MUST NOTIFY THE SCHOOL'S FRONT OFFICE.' Below the note are two address sections: 'Student Home Address' (Address Line: 1234 Main Street, Unit / Apt#: 12, City: Columbia, State: MD, Zip Code: 21044) and 'Student Mailing Address (Blank if same as home address)' (Address Line, Unit / Apt#, City, State, Zip Code). At the bottom right, there are two buttons: 'Save & Finish later' and 'Next'.

You will be able to save your work and finish at another time if necessary by clicking the **Save & Finish Later** button. All of the data you entered will be saved. Also, you will be able to copy the contact information you entered for one student to any remaining students in your family.

Access the Emergency Procedure Card

1. Launch your Internet browser, e.g., Firefox, Internet Explorer, or Safari.

 **NOTE:** Make sure your browser is set to allow for pop-up windows.

2. In your browser's Address Bar, type <https://epstudentinfo.hcpss.org>

 **TIMESAVER:** You may want to bookmark this page as a favorite for future use. For security reasons, do not have the browser remember your username and password.

3. In the **Login ID** field, enter your HCPSS Family Portal username.

4. In the **Password** field, enter your HCPSS Family Portal password.

5. Click **Log in**. You will see a list of your students.

Welcome Smith, Mary!

Please select a student to update the student emergency information. *

- Smith, Amy
- Smith, John

 **NOTE:** If you don't have an account, click the [Register](#) link to be re-directed to the Family Portal page of the HCPSS website. There you will see instructions for creating an account.

Completing the ER Card

Student Information

1. Select a student in the list and click **Next**.

 NAME: Smith, Amy GRADE: 04

STUDENT INFORMATION

Last Name: Smith	First Name: Amy	Middle Name:
Student ID: 008223456	School Year: 2014.2015	Grade: 04
School Name: Phelps Luck Elementary School	Date of Birth: 10/5/2003	Gender: Female
Primary Language: <input type="text" value="English"/>	Student Home Phone: <input type="text"/>	Student Work Phone: <input type="text" value="Work Phone"/>
Student Home Phone: <input type="text"/>	Student Work Phone: <input type="text" value="Work Phone"/>	Student Cell Phone: <input type="text" value="Cell Phone"/>

NOTE: IF YOUR STUDENT'S ADDRESS HAS CHANGED, YOU MUST NOTIFY THE SCHOOL'S FRONT OFFICE.

Student Home Address

Address Line: 1234 Main Street
 Unit / Apt#: 12
 City: Columbia
 State: MD
 Zip Code: 21044

Student Mailing Address (Blank if same as home address)

Address Line:
 Unit / Apt#:
 City:
 State:
 Zip Code:

2. Update the student's **Primary Language**, **Student Home Phone**, **Student Work Phone**, and **Student Cell Phone** as necessary. If you do not have a land line, enter the cell phone number of the parent/guardian.

3. Click **Next**.

 **NOTE:** If the student's address has changed, you must notify the school front office. You will not be able to update the address here.

Parent/Guardian Information

Update the information for each of the student’s parents/guardians as necessary:

- Relationship to student
- Primary and Alternate Email Address
- Address
- Home Phone, Cell Phone and Work Phone
- Does the Parent/Guardian need an interpreter to communicate with the teacher/school? If you select yes, please select the appropriate language.
- Is Parent/Guardian active military duty? If you select yes, please list the location.

PARENT / GUARDIAN INFORMATION

NAME: Smith, Mary

Lives with Student: Emergency Contact: Can Pick Up the Student:

Relationship to Student:

Email Address: Alternate Email Address:

Address Line:

Unit/Apt#:

City:

State:

Zip Code:

Home Phone: Work Phone: Cell Phone:

Does Parent/Guardian need an interpreter? Yes No If yes, what language:

Is Parent/Guardian active military duty? Yes No If yes, list location:

Emergency Contacts

Current contacts recorded for your student will display. You can edit existing contacts, add new contacts, and remove contacts. If no changes are needed, click **Next** to advance to the next page.

EMERGENCY CONTACTS

To add a new emergency contact, click the **Add New** button.
 To update an existing emergency contact, click  on the contact row.
 To permanently delete an existing emergency contact, click  on the contact row.
 Remember to save (by clicking Save button) after making changes before you go to the next page.

Add New

First Name	Last Name	Relation	Priority	Lives With Student	Pick up student without consent	Home Phone	Work Phone	Cell Phone	Edit	Delete
Smith	Mary	Mother	1	Yes	No	410-555-1212	410-123-4567	443-123-4567		
Smith	Bob	Grandfather	1		Yes					
Smith	Tom	Father	2	Yes	No	410-555-1212				
Jones	Lisa	Aunt	3		Yes					

Add a New Contact

1. Click the  button to add a new emergency contact.
2. Scroll down to the **Contact Details** section.
3. Complete the contact information as requested.
4. Click **Save** in the bottom right corner of the Contact Details section.

Update a contact

1. Click the **Edit** icon  for the contact to update. The selected contact row will highlight in yellow. The **Contact Details** section will populate with the current information.
2. Make the necessary edits.
3. Click **Save** in the bottom right corner of the Contact Details section.

Delete a contact

1. Click the **Delete** icon  to remove a contact from the list of contacts.
2. Click **OK** to confirm your decision to delete.

NOTE: You will not be able to delete contact priority 1 or 2 as these priority positions are reserved for parents/guardians.

Medical Information

Enter your student’s medical information:

- Child’s Medical Physician/Provider – this is a required field.
- Phone Number
- List any pertinent health problems
- Does your child have health insurance? – this is a required field.

MEDICAL INFORMATION	
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL.	
* Indicates required	
Child's Medical Physician/Provider: <small>*(If you are not sure about the answer, please write "Not Available")</small>	John Thomas, MD
Phone Number:	(410) 555-1212
List any pertinent health problems, e.g., bee strings, food allergies, specific medications needed, etc.	Pertinent health Problems
Does your child have health insurance? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Arrival/Departure Information

On this tab you will record your student’s arrival, departure, and early closing transportation information. Select one transportation method for morning, afternoon, and unscheduled closing.

ARRIVAL / DEPARTURE INFORMATION		
Please indicate how your child will arrive and depart from school on a typical day and in case of an unscheduled early school closing. If there are any changes in your child's arrangements, it is your responsibility to notify the front office in writing. These transportation plans will also be followed on any regularly scheduled early closing school days.		
* Indicates required		
In the morning, my child will be: (check one)	In the afternoon, my child will be: (check one)	If there is an unscheduled early closing of school, my child will: (check one)
<input type="checkbox"/> A walker	<input checked="" type="checkbox"/> A walker	<input type="checkbox"/> Walk home (as usual).
<input type="checkbox"/> A car rider	<input type="checkbox"/> A car rider	<input type="checkbox"/> Be picked up and transported home by <small>Picked up and transported home by</small>
<input type="checkbox"/> In CA/Rec & Parks Before Care	<input type="checkbox"/> In CA/Rec & Parks Before Care	<input checked="" type="checkbox"/> Ride his/her assigned bus # <small>Bus #</small>
<input checked="" type="checkbox"/> Transported by bus # <small>167</small>	<input type="checkbox"/> Transported by bus # <small>Bus #</small>	
<input type="checkbox"/> Transported by daycare <small>Name of Daycare</small>	<input type="checkbox"/> Transported by daycare <small>Name of Daycare</small>	
<p>UNSCHEDULED EARLY CLOSING OF SCHOOL - It is important that you discuss the emergency plan that your child should follow if school closes early for inclement weather, power failure, or some other emergency. Make sure your child is aware of his/her assigned bus number. Please note that:</p> <ul style="list-style-type: none"> • The CA/REC & Parks Before and After Care programs will not operate when there is an emergency closing. • The school will not be able to call a parent. • No child may wait for a parent to pick him or her up as it may be unsafe to wait at school. 		
I have discussed this procedure with my child and he/she knows what to do in the event of an unscheduled closing. I will periodically review these procedures with my child.		
Parent/Guardian Name: *	<input type="text"/>	
Date:	<input type="text" value="8/11/2014"/>	

Type your name in the **Parent/Guardian Name** field before clicking **Next**.

Media Release

On this tab you will grant or deny permission to use your student’s photo in print, TV, radio, online and/or via social media. Select this checkbox if you do not want your student photographed.

MEDIA RELEASE/INTERNET EXPOSURE
In the course of school activities, HCPSS staff and the news media occasionally photograph or videotape students and/or make public their names, likeness or school work for display/use intended for a public audience. Such exposure could occur in print, on TV, on radio, or by electronic means such as the internet or social media. Unless you exclude your child from all such exposure by opting out below, we will assume your permission to do so.
<input type="checkbox"/> I DO NOT want my child photographed, videotaped, or identified by the HCPSS or the news media for display/use intended for a public audience. I understand this release does not apply to public events, the Yearbook, and use by the Parent Teacher Association.

Data Confidentiality

On this tab you can restrict the release of student information to various organizations. Select the various checkboxes as appropriate.

DO NOT release my child's HOME ADDRESS OR PHONE NUMBER to:		
<input checked="" type="checkbox"/> An Organization of parents, teachers, students, or former students, or any combination of those groups, of the school (i.e. PTA/PTSA, booster club, class reunion committee, etc.)		
<input type="checkbox"/> An Organization or force of the military (i.e. military recruiters, etc.)		
<input type="checkbox"/> A representative of a community college in the state		
<input type="checkbox"/> A representative of the Maryland Higher Education Commission		
State and federal law permits school systems to release additional information about students. You may restrict the release of one or more categories of this information by filling in the corresponding box.		
DO NOT release the following category/categories of information about my child:		
<input checked="" type="checkbox"/> Name	<input checked="" type="checkbox"/> Participation in School Activities	<input checked="" type="checkbox"/> Degrees/Awards
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Weight and/or Height of Athletes	<input type="checkbox"/> Previous Educational Institutions Attended
<input type="checkbox"/> Major Field of Study	<input type="checkbox"/> Dates of School Attendance	

Sign and Submit

Before you submit your emergency contact information, you will have the option to copy the Parent/Guardian and Emergency Contact Information to another student. You will have the ability to edit the copied information before submitting.

 **NOTE:** Medical, Arrival/Departure Information, Media Release, and Data Confidentiality information will not be copied to the next student. You must complete this student for each student separately.

SIGN AND SUBMIT

* Indicates required

You have successfully completed the emergency procedure and confidentiality information for **Smith, Amy**

Copy the Parent/Guardian and Emergency Contacts Information to another student's emergency procedure/student info form ?

Yes No

Select a student from the below list:

Smith, John

NOTE : If you selected the option to copy the Parent/Guardian and Emergency Contacts Information to another student, all the information from Parent/Guardian and Emergency Contacts is copied to the selected student and you will be taken to the selected student's page. Please review the copied data before you submit again. (Applicable for users with more than one student).

Parent/Guardian Name: *

Date:

Click  to complete the ER Card and submit the information.

 **NOTE:** If you experience any issues completing the ER Card information, please contact your student's school.