

# Parent Requests for Emergency Safety Intervention Notification



Student's Name: \_\_\_\_\_

Student's KIDS Student ID: \_\_\_\_\_

**Preferred Method of Contact for Same-Day Notification:** Emergency safety intervention law, at K.S.A. 2016 Supp. 72-89d04(a)(1), requires that when an emergency safety intervention is used with a child, the school must notify the parent on the same day the emergency safety intervention was used. The parent may designate a preferred method of contact to receive this same-day notification. Examples of methods of contact could include by phone, email, text message, or another method. Please ensure that the correct contact information for your preferred method of contact is on file in the school office. Please indicate your preferred method of contact below:

\_\_\_\_\_

\_\_\_\_\_

(Signature of Parent) (Date)

**One Same-Day Notification for Multiple Incidents:** I agree to receive only one same-day notification from the school for multiple emergency safety intervention incidents occurring on the same day.

\_\_\_\_\_

\_\_\_\_\_

(Signature of Parent) (Date)

**Request to Receive Parent Information by Email:** Emergency safety intervention law, at K.S.A. 2016 Supp. 72-89d04(a)(2), requires that after the first incident in which an emergency safety intervention is used during the school year the school must provide the parent with the following information in printed form:

- (1) A copy of the standards of when emergency safety interventions can be used;
- (2) A flyer on the parent's rights;
- (3) Information on the parent's right to file a complaint through the local dispute resolution process and the complaint process of the state board of education; and
- (4) Information that will assist the parent in navigating the complaint process, including contact information for Families Together and the Disability Rights Center of Kansas.

**I request that upon the first occurrence of an emergency safety intervention incident with my child this school year that the school provide me with this required information by email. I agree to keep my current email address on file in the school office.**

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(Signature of Parent) (Date)