

PLEASE PRINT FIRMLY

**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

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**THIS BLOCK FOR SCHOOL USE ONLY**

SCHOOL YEAR		SCHOOL NAME		DISTRICT STUDENT NUMBER		ENTRY CODE	
TEACHER OR HOMEROOM			GRADE		STATE STUDENT NUMBER		ENTRY DATE
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.							
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)		(FIRST)		(MIDDLE)	
				DATE OF BIRTH MM DD YY		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)							
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)							
HOME PHONE							
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)				PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)			
EMPLOYER NAME				EMPLOYER NAME			
BUSINESS PHONE/EXTENSION		MOBILE NUMBER		BUSINESS PHONE/EXTENSION		MOBILE NUMBER	
EMAIL				EMAIL			
RELATIONSHIP TO STUDENT: (CIRCLE ONE)		P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM		O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: (CIRCLE ONE)	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	
HOSPITAL PREFERENCE		PHYSICIAN NAME & PHONE NUMBER			DENTIST NAME & PHONE NUMBER		
CURRENT HEALTH PROBLEMS ASTHMA _____ DIABETES _____ SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING					
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.							
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.							
				X _____ Signature of Parent/Legal Guardian		_____ Date	

**REGISTRATION INFORMATION**

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthplace \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**First-time Hillsborough County Student**

\_\_\_\_ Yes \_\_\_\_ No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

(Last School attended by the Student) \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Home Education (Include the dates attended and complete address information below)

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

If the student ever attended a Hillsborough County Public School, name of school \_\_\_\_\_

**Home Language Survey**

\_\_\_\_ Yes \_\_\_\_ No Is a language other than English used in the home?

\_\_\_\_ Yes \_\_\_\_ No Did the student have a first language other than English?

\_\_\_\_ Yes \_\_\_\_ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian \_\_\_\_\_ Student's Native Language \_\_\_\_\_

**State/Federal Mandated Information**

\_\_\_\_ Yes \_\_\_\_ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

\_\_\_\_ Yes \_\_\_\_ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

\_\_\_\_ Yes \_\_\_\_ No Did your family ever travel to look for work on a farm or do paid farm labor?

\_\_\_\_ Yes \_\_\_\_ No Is the student a single parent with either custody or joint custody of a minor child?

\_\_\_\_ Yes \_\_\_\_ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

\_\_\_\_ Yes \_\_\_\_ No Has the student ever had any referrals to mental health services?

Date student first entered a United States school: Month (MM) \_\_\_\_/ Day (DD) \_\_\_\_/ Year (YYYY) \_\_\_\_

If foreign born, how many years has the student attended a school in the United States? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American

\_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ White

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date