

PLEASE PRINT FIRMLY AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY								T
SCHOOL YEAR SCHOOL NAME TEACHER OR HOMEROOM					DIST	DISTRICT STUDENT NUMBER		ENTRY CODE
				GRADE STATE STUDE		ATE STUDENT NUM	IBER	ENTRY DATE
					1			CHILD OF MILITARY FAMILY?
EMERGENCY INFORMATION: This card m NAME OF STUDENT (LAST)	ust be completed b			(MIDDLE)	I DATE C	OF BIRTH		YES NO Military Family Includes:
NAIVIE OF STODENT (LAST)	,	(WIIDDLE)		DD YY	MALE	members on active duty or		
							FEMALE	2) members for 1 year following:medical discharge due to injury
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)								• retirement
								death due to active duty injury
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM	MAILING ADDRES	S) (STREET NO. & NAME, C	CITY, ZIP) ((IF RURAL LOCATION	, PLACE DIR	RECTIONS ON REV	ERSE)	HOME PHONE
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)			PARENT/LEGAL GU/	ARDIAN (I A	ST FIRST INITIAL)		
				EMPLOYER NAME				
EMPLOYER NAME								
BUSINESS PHONE/EXTENSION	MOBILE NUMBER			BUSINESS PHONE/EXTENSION MOBIL			MOBILE N	JUMBER
EMAIL			EMAIL					
RELATIONSHIP P – PARENT O – OTHER				RELATIONSHIP P – PARENT O – OTHER				
		JRROGATE		RELATIONSHIP TO STUDENT: (CIRCLE ONE)	GAL GUARDIAN	S-	- SURROGATE	
(CIRCLE ONE) A – GUARDIAN AD LITE PERSON(S) TO CONTACT IF PARENT CANNOT BE		PARENT/GUARDIAN REQUESTION DAYTIME PHONE	UIRED	(CIRCLE ONE) PERSON(S) TO CON	71 01	JARDIAN AD LITEN		NO PARENT/GUARDIAN REQUIRED DAYTIME PHONE
NAME (STUDENT MAY BE RELEASED TO THIS PE	RSON)	BATTIME THORE		NAME (STUDENT MA	AY BE RELE	ASED TO THIS PE	RSON)	BATTIME THORE
HOSPITAL PREFERENCE		PHYSICIAN NAME & PH	HONE NUM	MBER		DENTIST NAME	& PHONE N	JMBER
CURRENT HEALTH PROBLEMS ASTHMA DIABETES SEIZURES		TION OF HEALTH PROBLE	M(S) AND/	OR MEDICATION(S) S	TUDENT IS	TAKING		
HEART CONDITION ALLERGIES OTHER								
In the case of accident, serious illness, or emergency	the school may co	ntact Emergency Manageme	ent Service:	s (EMS), 911. If EMS m	nust transpor	t your child, paymen	t of fees will b	be assumed by the parent/legal
guardian. The school will make every effort to contact	the parent/legal gu	ardian. If the school is unable	le to contac	t the parent/legal guard	dian, every ef	fort will be made to	notify other pe	ersons listed on the emergency card.
I have reviewed and understand the conditions of this								
child released to persons other than those listed above addresses and telephone numbers, to the principal of		list of those persons in writin	ng, with	XSignature of Pare	nt/Legal Gua	ırdian		Date
					••			
		REGISTRA	TION	INFORMATIO	ON			
						*** No	tice ***	
Student's Social Security Number						umbers for the purpo	ses of creatin	g a unique numerical identification
Birthplace								ent of Education. Enrollment will not guardian does not provide a Social
City	State	Country		Security Number.	in beeninge in	o statem of statem	o pareno legar	guardian does not provide a Social
First-time Hillsborough County Student Yes No Did the student reloca	ta/maya ta Hillsh	arough County from AN	NOTHED	acunty state or acu	ntery syithin	the post year?		
If yes, City							rv	
(Last School attended by the Student) Pul	olic Priv	vate Home Educ	cation (In	clude the dates atten	nded and co	omplete address ir	formation b	pelow)
School Name		Dates Atte	ended					
Street Address		Dates Atte		State	2	Zip Code	Coun	ty
If the student ever attended a Hillsborough Cour	nty Public School	, name of school						
Home Language Survey								
Yes No Is a language other th	an English used	in the home?						
Yes No Did the student have		_						
		k a language other than I	_	Q.	1 37 .			
Primary language spoken in the home by the Par	ent/Legal Guard	ian		Stı	udent's Nat	ive Language		
State/Federal Mandated Information								
		rcement officer, firefight		0 0				
		ed as a federal civilian, o	,		et?			
		work on a farm or do pa						
	•	er custody or joint custod rested resulting in a char	-		ione?			
	-	to mental health services	-	i juvenne justice acti	ions:			
Date student first entered a United States school	•			r (YYYY)				
If foreign born, how many years has the student		•						
Yes No Is the student of Hisp								
Check all applicable races American Inc	As							
Native Hawa	iian or other Paci	ific Islander	W	hite				
Students with Individual Educational Plans (IEP								
for the school district to release, exchange, revie disclosed to the Agency for Health Care Admini								
school. I understand that my child will continue								
that my state/private benefits are not affected.								

Signature of Parent/Legal Guardian

Date