



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	
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.				ENTRY DATE
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)
		DATE OF BIRTH MM DD YY	MALE FEMALE	
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)				CHILD OF MILITARY FAMILY? YES NO Military Family Includes: 1) members on active duty or 2) members for 1 year following: medical discharge due to injury retirement death due to active duty injury
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)				

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

P – PARENT

O – OTHER

RELATIONSHIP

P – PARENT

O – OTHER

TO STUDENT:

G – LEGAL GUARDIAN

S – SURROGATE

G – LEGAL GUARDIAN

S – SURROGATE

(CIRCLE ONE)

A – GUARDIAN AD LITEM

N – NO PARENT/GUARDIAN REQUIRED

A – GUARDIAN AD LITEM

N – NO PARENT/GUARDIAN REQUIRED

PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED

DAYTIME PHONE

PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED

DAYTIME PHONE

NAME (STUDENT MAY BE RELEASED TO THIS PERSON)

NAME (STUDENT MAY BE RELEASED TO THIS PERSON)

HOSPITAL PREFERENCE

PHYSICIAN NAME &amp; PHONE NUMBER

DENTIST NAME &amp; 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