

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	ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.			CHILD OF MILITARY FAMILY? YES NO
NAME OF STUDENT (LAST)	(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)		DATE OF BIRTH MM DD YY	MALE FEMALE
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)	P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM	O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)			PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		
DAYTIME PHONE			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 _____	Date _____
Signature of Parent/Legal Guardian	

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 _____	<p style="text-align: center;">*** Notice ***</p> HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.
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 _____