



EMERGENCY RELEASE & MEDICAL INFO

Student Information

Student's Last Name	Student's First Name	Middle Initial	Grade
Address	City, State, Zip	Home Phone	
Mother's Name / Legal Guardian	Email	Cell Phone	
Father's Name / Legal Guardian	Email	Cell Phone	
Emergency Contact #1	Home Phone	Cell Phone	
Emergency Contact #2	Home Phone	Cell Phone	

Individuals Authorized To Pick the Student Up

Please List All People (and their relationship) Who Have Permission to pick your student up from school.		

How does your child regularly get home?

Walk/Bike

Parent pick-up

City Bus

Medical Information

Physician's Name		Telephone
Dentist Name		Telephone
Medications (Please list all medications the student currently takes)		Where Taken
		<input type="checkbox"/> Home <input type="checkbox"/> School
		<input type="checkbox"/> Home <input type="checkbox"/> School
		<input type="checkbox"/> Home <input type="checkbox"/> School
		<input type="checkbox"/> Home <input type="checkbox"/> School
Allergies (List any your child may have)		
Other Health Concerns		

Is there any court order restricting access to the student and/or student records? <i>(If yes, please provide the school with a certified copy)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose one: <input type="checkbox"/> I authorize <input type="checkbox"/> I do not authorize	this charter school and/or the sponsoring school district to release and exchange my child's confidential information to agencies of the State of Florida which would allow the school and/or district to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individual educational plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.	

In case of accident or serious illness, the school will contact the parent. If the school is unable to contact the parent or person designated above, the school will contact the physician or dentist or will make necessary arrangements for immediate treatment. Payment of the fees will be assumed by parent/guardian.

Parent Signature	Date