

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

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Hillsborough County Public Schools

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR	SCHOOL NAME	DISTRICT STUDENT NUMBER	ENTRY CODE
TEACHER OR HOMEROOM		GRADE	STATE STUDENT NUMBER
			ENTRY DATE

EMERGENCY INFORMATION: 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 YYYY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Child of Military Family? <input type="checkbox"/> Yes or <input type="checkbox"/> No Military Family Includes: 1.) Members on active duty or 2.) Members for 1 year following: <ul style="list-style-type: none"> • Medical discharge due to injury • Retirement • Death due to active duty injury
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MAILING ADDRESS (STREET NUMBER & NAME, CITY, ZIP CODE)	HOME PHONE
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RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE.)	HOME PHONE
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PARENT/LEGAL GUARDIAN (LAST, FIRST, INIT.)	PARENT/LEGAL GUARDIAN (LAST, FIRST, INIT.)
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EMPLOYER NAME	EMPLOYER NAME
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BUSINESS PHONE/EXT.	PAGER OR CELL NUMBER	BUSINESS PHONE/EXT.	PAGER OR CELL NUMBER
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EMAIL:	EMAIL:
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RELATIONSHIP TO STUDENT: P-PARENT G-LEGAL GUARDIAN O-OTHER S-SURROGATE (CIRCLE ONE) A-GUARDIAN AD LITEM N-NO PARENT/GUARDIAN REQUIRED	RELATIONSHIP TO STUDENT: P-PARENT G-LEGAL GUARDIAN O-OTHER S-SURROGATE (CIRCLE ONE) A-GUARDIAN AD LITEM N-NO PARENT/GUARDIAN REQUIRED
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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
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HOSPITAL PREFERENCE	PHYSICIAN'S NAME & PHONE NUMBER	DENTIST'S NAME & PHONE NUMBER
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CURRENT HEALTH PROBLEMS: ASTHMA___ DIABETES___ SEIZURES___ HEART CONDITION___ ALLERGIES___ OTHER _____	EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING:
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* In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian or person(s) designated above, the school will contact the physician or will make the necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/legal guardian.

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
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