PARENT/GUARDIAN/CAREGIVER CONSENT FORM (Appendix 11)

STUDENT NAME: _				GRADE:			
(Please Print)	Last	First	Middle	_			
Directions: Initial t	he beginning of	the following statements.	All initialed areas mus	st be completed.			
BUS AGREEMENT FOR PRE-K, KINDERGARTEN, AND FIRST GRADE STUDENTS I understand the policy which requires that any Pre-K, kindergarten or first grade child be accompanied to the bus stop five minutes							
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C /P8ore pick							

I understand that the school will provide onsite management and aid for illness or injury pending the students return to classroom, athletic competition, or release to parentyjuardina/regiver. The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, is authorized. Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. I understand that I am responsible for all expenses incurred. **RELEASE OF DIRECTORY INFORMATION** Under Federal Law, directory information (which may include name, address, phone number, date of birth, honors and awards) about students can be released. This information MUST be released to the military unless parents opt out. I am opting out and do not want any information about my child released to anyone (newspapers, etc.) except to those who have a legal right. I am opting out and do not want any information about my child released to the military. (MUST ANSWER) Have cither of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? **SURVEY PARTICIPATION** I give permission for my child to participate in surveys such as the Florida Youth Substance Abuse Survey and other surveys relevant to the health, safety, and welfare of students. I understand that surveys of this type contain no personally identifiable information. I also understand that I may contact the school if I wish to review any survey. YES NO (Check one) Parent Name (print): Parent Name (print): Parent Name (print): Parent Name (print): Parent Name (print):	HEALTHCARE NEEDS INCLUDING EN	MERGENCY CARE/TRANSPORTATION	
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Parent Name (print): Date: Date:			
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