

MT. PLEASANT MIDDLE SCHOOL
AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD
School District of Hillsborough County, Florida

THIS BLOCK FOR SCHOOL USE ONLY

Form with fields for School Year, School Name (MOUNT PLEASANT), District Student Number, Teacher or Homeroom, Grade, State Student Number, Entry Code, Entry Date, Emergency Information Instructions, Name of Student, Date of Birth, Mailing Address, Residence Address, Home Phone, Male/Female Head of Household, Employer Name, Business Phone/Pager Number, Relationship to Student, Person(s) to Contact, Hospital Preference, Current Health Problems, Medications, and a signature line for the parent/guardian.

REGISTRATION INFORMATION

Registration information section including fields for Student's Social Security Number, Birthplace, City, State, Country, First-time Hillsborough County Student status, School History, Home Language Survey, and State Mandated Information.

"(I)" /We are the parent/legal guardian of the above named child. "(I)" /We give permission for the Hillsborough County Public Schools 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 the process of verifying Medicaid eligibility.

Signature of Parent/Legal Guardian _____ Date _____

BUS TRANSPORTATION REQUESTED. Yes No

If yes, list major cross streets near your address _____