

PARENT/GUARDIAN/CAREGIVER CONSENT FORM

(Appendix 11)

STUDENT NAME: _____ GRADE: _____
(Please Print) Last First Middle

Directions: Initial the beginning of the following statements. All initialed areas must 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 before pick

HEALTHCARE NEEDS INCLUDING EMERGENCY CARE/TRANSPORTATION

_____ I understand that the school will provide onsite management and aid for illness or injury pending the students return to the classroom, athletic competition, or release to parent/guardian/caregiver. 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 either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? **YES** **NO** **(Check one)**

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 Signature: _____ Date: _____