



PINELLAS PREPARATORY ACADEMY PINELLAS PRIMARY ACADEMY

Emergency Release and Medical Information

This form is required before your child can attend school.

<i>Student Name</i>	<i>Grade</i>	<i>ID Number</i>
<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<i>Mother's Name / Legal Guardian</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Father's Name / Legal Guardian</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Other Parent (if applicable)</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Emergency Contact #1</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Emergency Contact #2</i>	<i>Home Phone</i>	<i>Cell Phone</i>

*Please List All People (and their relationship) Who Have Permission to pick your student up from school.
To add people to this list, you must submit a request in writing to the school.*

<i>Physician's Name</i>	<i>Telephone</i>	<i>Date Last Tetanus Shot (Td or Tdap)</i>
<i>Dentist Name</i>	<i>Telephone</i>	<i>Date Last Dental Visit</i>

Medications (Is your child currently taking any medications (at home or in school, if yes, please list) Yes No

Allergies (List any your child may have)

Other health problems

Is there any court order restricting access to the student and/or student records? Yes No
(If yes, provide the school with a certified copy.)

I authorize The school district of Pinellas, Florida to release and exchange my child's confidential information to agencies of the State of Florida which would allow Pinellas Schools 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.**

I do not authorize

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 Block

<i>Parent Signature</i>	<i>Date</i>
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