HOPE CHARTER SCHOOL/LEGACY CHARTER HIGH SCHOOL

Ocoee, Florida

**Student Authorization Form**

**STUDENT INFORMATION**

**PHYSICIAN INFORMATION**

**PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)**

\*\*\*ADDITIONAL CONTACTS ON THE NEXT PAGE\*\*\*

\*Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name (Legal) | | Generation  (Le. Jr., 11) | | | First Name (Legal) | | | | Middle Name (Legal) | |
|  | |  | | |  | | | |  | |
| Preferred Name | | | | Legal Alert (example: custody, restraining order, etc.)  \*Please provide supporting documentation\* | | | | | | |
|  | | | |  | | | | | | |
| Student Number | Student SSN# | | Gender | | | | Birth Date | Home Phone | | |
|  |  | | \_\_ Male \_\_ Female | | | |  |  | | |
| Domicile Address\* | | | | Apt # | | City | | | | Zip Code |
|  | | | |  | |  | | | |  |
| Mailing Address | | | | Apt # | | City | | | | Zip Code |
|  | | | |  | |  | | | |  |
| Do you need communication in a language other than English? | | | | | | | | | | |
| □ No □ Yes □ Spanish □ French □ Portuguese □ Haitian Creole □ Vietnamese | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Relationship** | **Contact Phone** | **Custody** | **Pickup** | **Emergency**  **Contact** |
|  |  |  |  | \_\_ Y \_\_ N | \_\_ Y \_\_ N | \_\_ Y \_\_ N |
|  |  |  |  | \_\_ Y \_\_ N | \_\_ Y \_\_ N | \_\_ Y \_\_ N |
|  |  |  |  | \_\_ Y \_\_ N | \_\_ Y \_\_ N | \_\_ Y \_\_ N |
|  |  |  |  | \_\_ Y \_\_ N | \_\_ Y \_\_ N | \_\_ Y \_\_ N |
|  |  |  |  | \_\_ Y \_\_ N | \_\_ Y \_\_ N | \_\_ Y \_\_ N |

**PICKUP AUTHORIZATION AND EMERGENCY CONTACT WHEN UNABLE TO REACH PARENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Relationship | Pick up |
|  |  |  | \_\_ Yes \_\_ No |
| Domicile Address | Apt # |  | Zip Code |
|  |  |  |  |
| Home Phone | Cell Phone | Employer | Business Phone |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Relationship | Pick up |
|  |  |  | \_\_ Yes \_\_ No |
| Domicile Address | Apt # |  | Zip Code |
|  |  |  |  |
| Home Phone | Cell Phone | Employer | Business Phone |
|  |  |  |  |

Student Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor's Name | Dentist's Name | | Preferred Hospital | |
|  |  | |  | |
| Doctor's Phone Number | Dentist's Phone Number | | Currently Under Physician's Care | |
|  |  | | \_\_\_ No \_\_\_ Yes | |
| Insurance | Insurance Phone Number | Policy # | | Group # |
|  |  |  | |  |

|  |
| --- |
| Medicine Currently Taking |
|  |
| Medical History |
|  |
| Allergies |
|  |

**PHYSICIAN INFORMATION**

**ADDITIONAL PERMISSION/AUTHORIZATION**

**(Photos)** I give permission for my child to be photographed during school activities for use in newsletters, promotions, yearbook, scrapbooks, school website and the classroom. I will not seek remuneration of any kind for the use of my child’s picture. \_\_\_\_ Yes \_\_\_\_ No

**(Field Trips)** This form will remain on file for every student. No student will be allowed to participate in a field trip unless parental/guardian permission is given. I give permission for my child to participate in field trips with the school, traveling in either parent-driven vehicles or on a leased bus. I will not hold the driver, the school, administrators, staff or Orange County Public Schools responsible for injuries sustained while on school-sanctioned activities or field trips. \_\_\_\_ Yes \_\_\_\_ No

In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist and for those professionals to provide protected health information.

In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I

give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

Permission to: □ Call Doctor □ Call Ambulance □ Treat

**SCHOOL HEALTH SERVICES**

ParenttGuardian:

Date:

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