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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