



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-up time and met at the bus stop at the assigned return home time. I understand the bus driver will not allow my child to get off the bus unless I am physically present at the designated stop and able to take immediate custody of my child as they depart.

I understand that I must notify the school in writing of the person who will escort my child to and from the bus stop. The designated person must be an adult daycare provider, a sibling in fifth grade or above, or an adult family member.

PERMISSION TO PHOTOGRAPH/VIDEO TAPE/VOICE RECORD YES NO (Check one)

I give my permission to allow my child to be photographed, videotaped, or voice recorded for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools and may be displayed on the internet. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

DISPLAY OF STUDENT WORK YES NO (Check one)

I expressly license the school district to display my child’s work on any school district-owned website without any cost to the Board.

INTERNET PERMISSION

I understand that my student will be issued a network account and internet access to online resources. Email privileges are activated when a student turns 13 years of age. Access privileges may be altered upon request to the student’s school.

SCREENING, FURTHER ASSESSMENT PERMISSION YES NO (Check one)

I give permission for screening and further assessment of my child as necessary. Tests/screenings may include but are not limited to the following: Diagnostic Assessments, Progress Monitoring, Intelligence tests, and Observations by school-based personnel, student support personnel, and ESE/Psychological Services personnel. **(This does not apply for group testing such as PSAT/NMSQT, FSA, NGSSS, and other state mandated tests.)**

HEALTH SERVICES (including Mental Health Services)

I understand that I can access information regarding healthcare services, including mental health services, offered at my child’s school and have the option to withhold or decline specific services. Please refer to the Mental Health and Health Services links on the CCPS district website (<https://www.yourcharlotteschools.net/domain/37>).

HEALTH SCREENING PERMISSION (eyes, ears, height, weight, scoliosis GR6 only) YES NO (Check one)

RELEASE OF MEDICAL INFORMATION: YES NO (Check one)

I hereby authorize for my child’s health information and parental contact information (collected from school provided health services) to be shared with emergency personnel, health department officials, and EMR systems.

MEDICAID CONSENT YES NO (Check one)

In accordance with FERPA and IDEA requirements, I authorize the School District of Charlotte County, Florida to release and exchange my child’s confidential student information to agencies of the State of Florida which would allow Charlotte County Public Schools to receive Medicaid reimbursement for health related services provided to my child while at school. I understand my consent is voluntary and may be revoked at any time. My child will continue to receive these services whether or not consent is given. I understand that I am not required to enroll in any public benefits or insurance program and that no out of pocket expense will be incurred for services provided as a part of FAPE, and that there is no impact to my Medicaid benefits as a result of the school district’s reimbursement for services.

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: _____