



PARENT/GUARDIAN/CAREGIVER CONSENT FORM

(Appendix 11)

STUDENT NAME: Last First Middle GRADE:

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 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.

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.

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.

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.

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.

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: