



DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES Pre-K – 5 ACCESS AND EMERGENCY INFORMATION CARD

MIS Form #416
Rev. 4/17

Updated Info.

Student Last Name First Middle Student # DOB Grade
Primary Phone Teacher
Home Address City Zip
Parent/Guardian Parent/Guardian
Cell Phone Cell Phone
Email Address Email Address
Employed By Employed By
Phone At Work Phone At Work

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign my child out (photo I.D. required):
Name Relationship Phone
Name Relationship Phone
Name Relationship Phone
Name Relationship Phone

First and last names of brothers/sisters attending Pasco County Schools

Person(s) who MAY NOT legally contact or remove my child from school (provide legal documentation)

List any medication(s) your child is currently taking (at home or school)

List all health problems and/or allergies (food, medication, sting, etc.) even if previously reported

Parent/guardian must notify school cafeteria of food allergies or special nutritional needs of student.
It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers.

PARENTAL CONSENT ON BACK – SIGNATURE REQUIRED

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Student Grade

The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school's zone. Failure to give timely notice may result in a reassignment to the student's zoned school and/or loss of eligibility for athletics and other activities.

PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, skin, blood pressure, and height and weight screening at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school.

Physician's Name Phone
Hospital Preference Phone
Dentist's Name Phone

My signature indicates my parental consent, understanding, and agreement.

PRINT PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE DATE