



PARENT/GUARDIAN/CAREGIVER CONSENT FORM

(Appendix 11)

STUDENT NAME: (Please Print) 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 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

YES NO (Check one)

I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools. 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

YES NO (Check one)

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

SCREENING, FURTHER ASSESSMENT PERMISSION

YES NO (Check one)

I give permission for screening and further assessment of my child as necessary. (Below you will find a list of tests that may be given to your child on an individual basis if they are needed. (This does not apply for group testing such as PSAT/NMSQT, FSA, NGSSS, and other state mandated tests.)

INTELLIGENCE TESTS: Kaufman Brief Intelligence Test (K-BIT)

DIAGNOSTIC TESTS: Progress Monitoring Assessments: iReady, USA Test Prep. Speech and Language Screening, FLKRS, DRA

OBSERVATIONS: School based personnel, student support personnel, 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.

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 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.

Parent/Guardian/Caregiver Signature:

(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/Guardian/Caregiver Signature:

Parent Name (print): Parent Signature: Date: