

CHILD PICK-UP/EMERGENCIES: I agree that the school may release my child to the following people and provide pertinent information related to this release.

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|----------------------------------|---------------------------------------|--------------------------------|--|----------------------------------|---------------------------------------|--------------------------------|
| (1)Name: <input type="text"/> | Relationship: <input type="text"/> | Phone: <input type="text"/> | | (2)Name: <input type="text"/> | Relationship: <input type="text"/> | Phone: <input type="text"/> |
| (3)Name: <input type="text"/> | Relationship: <input type="text"/> | Phone: <input type="text"/> | | (4)Name: <input type="text"/> | Relationship: <input type="text"/> | Phone: <input type="text"/> |

I understand and agree to the following:

- My child's records and information may be shared with the School Board's health care partners as needed to provide and evaluate health care services.
- If my child is or becomes Medicaid eligible, reimbursable services may be billed to Medicaid and my child's information and records may be provided to Medicaid and/or the School Board's medicaid processing agents or the School Board's health care partners.
- In case of emergency, my child may be transported by Emergency Medical Services to a hospital and provided treatment, and I am responsible for charges related to the transportation and medical treatment.

Parent/Guardian Name (Print):

Parent/Guardian Signature:

Date

| SCHOOL USE ONLY: | | | | | |
|---------------------------------------|--------------------------------|------------------------------------|---|--|--|
| School Name: <input type="text"/> | | | Entry Date: <input type="text"/> / <input type="text"/> / <input type="text"/> | School Year : <input type="text"/> / <input type="text"/> | |
| Student ID #: <input type="text"/> | Grade: <input type="text"/> | Ethnicity: <input type="text"/> | Race: <input type="text"/> | Sex Code: <input type="text"/> | |
| Teacher Name: <input type="text"/> | | | | Route #: <input type="text"/> | |