# BAKER COUNTY SCHOOL DISTRICT
## Student Information Sheet

**Secret Password**

(Please use ballpoint pen)

Please circle the area where you actually reside to identify the nearest location for community School Board Meetings.

Glen St. Mary   Macclenny   Sanderson   Taylor
Margaretta   Baxter   Olustee   Other ____________

**For Office Use Only**
**Student ID#**

Student ______________________ Home Phone ____________ Sex: Male ____ Female ____
Grade ________ School ______________ Teacher ______________________ Bus # ____
Student prefers to be called ____________________ Birth Date ______________________
Student resides with ____________________ Relationship to student ______________________
Name (i.e., mom, dad, aunt, uncle, grandparent, etc.)
Does this individual have legal guardianship? ☐ Yes ☐ No   Court documentation provided? ☐ Yes ☐ No
Father's Name ______________________ Mother's Name ______________________
Daytime Phone ______________________ Daytime Phone ______________________
Cell Phone ______________________ Cell Phone ______________________
Mailing Address ______________________________________________
City State Zip
(911 Address) ______________________________________________
City State Zip
Directions to Home ______________________________________________

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If I cannot be reached in the event of an accident or serious illness, the following individuals may be contacted and may "check out" my child.
1st Contact ______________ Relationship ____________ Phone __________ Cell __________
2nd Contact ______________ Relationship ____________ Phone __________ Cell __________
3rd Contact ______________ Relationship ____________ Phone __________ Cell __________
(Additional contacts can be listed on the back.)

Does your child have current medical problems and / or allergies of which the school needs to be aware? (Please explain.)

______________________________________________

Is current medical documentation on file with the School Nurse? ☐ Yes ☐ No
Family Physician ______________________ Phone ______________________

***A copy of the Student Progression Plan/Code of Student Conduct is available on-line at the school district's website, www.baker.k12.fl.us. A hard copy will be provided upon request.***

______________________________ ______________
Signature Parent/Legal Guardian Date

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The Baker County School District has adopted the ALERTNOW Notification Service, which will allow us to send a telephone or e-mail* message to you providing important information about student absences, school events, or emergencies.

Please note that the only numbers to be called by the ALERTNOW system are the numbers listed below

| | Phone Number | Contact Name |
|---|---|---|
| Primary Phone Number** | (   ) | |
| Alternate Phone Number** | (   ) | |
| Email Address | | |

* The Baker County School District is not responsible for your computer spam filter blocking ALERTNOW messages.

** The ALERTNOW system will not dial extension or privacy codes. The system utilizes recorded messages that may contain confidential student information. The message will play automatically when the phone is answered.

***Please complete medical information on the reverse side.***

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Rev. 03/12
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# MEDICAL AUTHORIZATION FORM

(1) ______________________________ has my permission to participate in extracurricular activities as authorized by his/her school and/or the District School Board of Baker County, Florida.

Student's Name

(2) In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize the School Board of Baker County, Florida, its agent, servant or employee to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant. I agree to be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I agree to secure adequate insurance for such first aid and medical care.

The name of our health insurance company is ______________________________ Policy # ____________________

Medicaid # ____________________

(3) I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such persons to receive any medical information, which they require. The medical authorization contained within this form shall be valid and usable by the District School Board of Baker County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing. I further authorize the exchange of my student's confidential information to agencies of the State of Florida in order for the Baker County School District to receive Medicaid funding for Exceptional Student Services (if applicable) it provides to my student while at school. I also give the school nurse permission to discuss my child's medical information with my child's physician and other school staff on a "need to know" basis.

______________________________________________ ____________________

Signature Parent/Legal Guardian Date

STATE OF FLORIDA, COUNTY OF BAKER

The foregoing instrument as acknowledged to and before me this ____ day of ___________, 20___, by ____________________________, who is personally known to me or who has produced ______________________________ as identification.

Type of I.D.

______________________________________________

Notary Public

My Commission Expires

Additional Contacts for "Check-out" if needed.

4th Contact ____________________ Relationship ____________ Phone __________ Cell __________

5th Contact ____________________ Relationship ____________ Phone __________ Cell __________

6th Contact ____________________ Relationship ____________ Phone __________ Cell __________

7th Contact ____________________ Relationship ____________ Phone __________ Cell __________

8th Contact ____________________ Relationship ____________ Phone __________ Cell __________

If applicable

Student's Cell Phone ____________________ Student's E-Mail Address ____________________