



**Emergency Contact Information** (other than parent/guardian)

In case of an accident or emergency of any kind, when parent/guardian cannot be located please call and/or release my child to one of the following individuals. Emergency contacts must be at least 18 years of age and listed below in order to pick up your child.

- 1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Student Previous School Information**

Last School Attended \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Grade \_\_\_\_\_ School Year \_\_\_\_\_

Is your child presently under an expulsion order from any other school district? [ ]Y [ ]N

Is your child presently under consideration for expulsion? [ ]Y [ ]N

Is your child presently involved in the Juvenile Justice system? [ ]Y [ ]N

**English Language Learner Information** (All new students should fill out a Home Language Questionnaire)

Does the student speak a language other than English? [ ]Y [ ]N What language? \_\_\_\_\_

Primary Language of Household: [ ]English [ ]Spanish [ ]Other \_\_\_\_\_

**Special Services Information**

Is your child receiving special education services? [ ]Y [ ]N

Does your child have a current 504 plan? [ ]Y [ ]N Is it in: [ ]Academics [ ]Health

Was your child in any Gifted/Talented Programs? [ ]Y [ ]N Please list: \_\_\_\_\_

Is Mom or Dad military? [ ]Y [ ]N

**Medical Information**

Is your child taking any medications regularly? [ ]Y [ ]N If yes, please list: \_\_\_\_\_

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Known Medical Problems: \_\_\_\_\_

Special Medical Instructions: \_\_\_\_\_

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Physician name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Do not sign this form if any of the statements are incorrect)

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Last Name

First Name

Middle Name

Grade: \_\_\_\_\_

Directions to home:

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In the event of an accident or illness which occurs at school, every effort will be made to contact one or both of the student's parents/legal guardians. However, if neither parent/guardian or no one listed on the Student Release Form can be reached, it may be necessary to take the student to the nearest medical facility.

**I hereby authorize the school authorities to take my child to the nearest medical facility for treatment.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*It is the policy of the Clay County Public School District not to discriminate on the basis of race, color, natural origin, gender, disability, religion, creed, age, or marital status in its programs or employment policies.*

**CLAY COUNTY PUBLIC SCHOOLS**

Manchester, Kentucky

**STUDENT RELEASE FORM**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

My child is allowed to be released to the following persons:

Person's Name	Valid ID	Phone	Relationship to Child

I/we understand that my/our child will not be released to another individual who is not listed above or has signed below. In the event of an emergency, should the parent/guardian or an individual listed above not be available to assume responsibility of the child, he/she will be released to legal authorities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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