

LEE ACADEMY for Gifted Education
8613 Twin Lakes Boulevard Tampa, Florida 33614 (813)931-3316

Student Information Form/Permission for Medical Treatment

Student's full name: _____ Date _____

Date of birth: _____ Sex: _____ Social Security # _____

Mother: _____ Occupation: _____

Home Address: _____ City/State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Employer: _____ Telephone: _____

Business address: _____ City/State _____ Zip _____

Father: _____ Occupation: _____

Home Address: _____ City/State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Employer: _____ Telephone: _____

Business address: _____ City/State: _____ Zip: _____

Who may pick up student from school? Mother: _____ Father: _____ Siblings: _____

Who else is allowed to pick up your child from school? _____

Physician _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

Health Problems or Allergies _____

In case of emergency, and parents can't be reached, please call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event an emergency should arise, whereby my child, _____, should need medical attention or hospitalization, permission is granted the faculty of Lee Academy for Gifted Education, Inc., to grant authorization for necessary care. I understand that every effort possible will be made to contact me.

Date: _____ Parent/Guardian Signature: _____

Notary Public: _____

State of Florida

My Commission Expires: _____

(This form must be notarized)