

School District of Hillsborough County

MEDICAL RELEASE FORM

This form is used to record parental permission for medical and surgical treatment in case medical concerns arise during a field trip.

We, the undersigned as the parents and legal guardians of

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

hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

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

\_\_\_\_\_   
 Date

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

\_\_\_\_\_   
 Date

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_   
 Notary

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Address \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business \_\_\_\_\_ Business Phone: \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Allergies or Special Conditions \_\_\_\_\_

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

**Disposition**

Copy to office \_\_\_\_\_   
 Date

Original is retained by teacher and taken on the field trip.