



Medical Release

We, the undersigned as the parents and/or legal guardians of _____

Hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by a qualified physician, selected by agents or officials of the Florida Public Service Association. The intention thereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, 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 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 _____

Notary

Medical Insurance Company _____

Policy # _____

Students Address _____

Phone # _____

Date of Birth _____

Father / Guardian _____

Phone # _____

Mother / Guardian _____

Phone # _____

Business _____

Phone # _____

Family Physician _____

Phone # _____

Address _____

City _____

State: _____

Allergies or special medical conditions _____

Note: Please be assured that in the event of an emergency medical situation, even with this form, the chaperone will first attempt to contact the student's parent of guardian

Disposition

Copy to school office

Original is kept by teacher and taken on the field trip