## **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.

<b>.</b>		
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 fiel	d trin	
Original is retained by teacher and taken on the fiel	ս ութ.	

Form SB77501 revised 08/16/02