

**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 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: _____