School District of Hillsborough County

FIELD TRIP MEDICAL RELEASE FORM

This form is used by High Schools and Middle School for recording parental permission for medical and surgical treatment in case of medical concerns on 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 _____ ,19 ____ .

_____
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.

Form SB77501 revised 8/1/96