



SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

RELEASE AND CONSENT

THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR.

STUDENT NAME: _____
Last First MI

//We do hereby approve of our child attending: _____

//We acknowledge that the Seminole County Public Schools, Florida, is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of *my/our* child as a result of injury or sickness. //We understand that if *my/our* child is injured or becomes sick, Seminole County Public Schools, Florida, will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.

Child's Allergies: _____

PHYSICIAN INFORMATION

Child's Physician: _____

Address of Physician: _____ Telephone Number: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: _____

Address: _____ Telephone Number: _____

Policy #: _____ Group #: _____

Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Telephone Number: _____ (Work) _____ (Home)

Emergency Telephone Number: _____ (and) Contact Person: _____