The School Board of St. Lucie County, Florida

Parental Permission, Insurance Statement and Health Information

Your child has enrolled in the Health Service Occupation Program.

Part of this training will take place in an industrial or business establishment within the community, so your child will need to be transported by school transportation.

I, the undersigned, grant _____ permission to travel to his/her
NAME
place of learning during the school year 19____ /____.

Health Insurance

Name _____ Sex: ☐ Male ☐ Female
LAST FIRST MIDDLE

Social Security # _____

Medical History: Has your child ever had (please check)

Yes	*No*		*Yes*	*No*		*Yes*	*No*		*Yes*	*No*	
☐	☐	Asthma and/or allergy	☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Weak back
☐	☐	Frequent headaches	☐	☐	Fainting Spells	☐	☐	Heart disease	☐	☐	Epilepsy

Comment on any additional information you feel may be important:

_____

Health/Accident Insurance

My child will be covered 24-hour health/accident insurance with:

Insurance Company _____

Address _____
which will cover my child in the event of medical expenses being incurred while in the Clinical Observation Program.

In case of emergency, I may be reached at:

Name of Establishment _____ Telephone # _____

Address _____

OR

In case I cannot be reached, please notify

Name of Establishment _____ Telephone # _____

Address _____
In the event of an accident or personal injury, the Health Service Occupations instructor, clinical agency staff member, or school administrator has my permission to take my daughter/son to:

Family Physician _____ Telephone # _____

Address _____
In the event of an accident or personal injury, my signature grants permission for my daughter/son to be treated at the nearest medical center or doctor's office.

Date _____ Signature of Parent or Guardian _____

Notarization

State of Florida, County of _____

Sworn and subscribed before me this _____ day of _____, 19 ____.

Notary Public _____

My Commission expires: _____

White:School Canary:Agency Pink:Student

Form SEC0027 9/95