



**Medical Release**

**Parental Permission, Medical Release and Insurance Statement**

Your son/daughter, \_\_\_\_\_ is enrolled in the  
Last Name, First Name of Student

\_\_\_\_\_ Program at \_\_\_\_\_ ,  
Name of Program Name of School

for the \_\_\_\_\_ school year.

As part of this instructional program, activities or training will take place in some business establishments in the community, on a school board approved field trip, or at a county sponsored workshop. Your child will probably need transportation.

**Please check all modes of transportation your child will be permitted to use.**

- |  |   |
|--|---|
| <input type="checkbox"/> Drive own and/or family car               | <input type="checkbox"/> Ride in a city transit or chartered bus/taxi |
| <input type="checkbox"/> Drive car and carry student passengers    | <input type="checkbox"/> Ride in a car driven by another student      |
| <input type="checkbox"/> Ride a motorcycle                         | <input type="checkbox"/> Ride in a Coast Guard approved water vessel  |
| <input type="checkbox"/> Ride a bicycle                            | <input type="checkbox"/> Other (walk, bicycle, etc.)                  |
| <input type="checkbox"/> Ride in a car operated by an adult driver |   |

**Vehicle Insurance Information** (To be completed for students holding a valid driver's license)

I attest to the following facts regarding my son/daughter driver's license and the motor vehicle he/she will use.

- |   |   |
|---|---|
| <input type="checkbox"/> My son/daughter holds a valid driver's license | <input type="checkbox"/> I have provided a photo copy |
| <input type="checkbox"/> The vehicle is covered by automobile insurance | <input type="checkbox"/> I have provided a photo copy |

by \_\_\_\_\_ , Policy Number \_\_\_\_\_  
Name of Insurance Company

<b>Liability Limits</b>	<b>Each Person</b>	<b>Each Accident</b>
Bodily Injury	_____	_____
Property Damage	_____	_____

**Medical Release**

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Second Parent or Alternate Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance Information**

I attest that my son/daughter has medical insurance coverage through

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name of Insurance Company Policy Number Group Number

**Medical Condition of Student**

Excellent  Good  Fair

If applicable, please describe any medical conditions which may recur. (State none if the statement does not apply to your child.)

\_\_\_\_\_  
\_\_\_\_\_

Is your son/daughter allergic to any medicine  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your son/daughter on any type of medication for a long-term medical condition?  Yes  No.

If yes, please indicate the name of the medication.

\_\_\_\_\_

# Parental Authorization

I/We, the undersigned, grant our son/daughter \_\_\_\_\_  
Name of Student  
permission to participate in the out-of-school educational activities as part of the \_\_\_\_\_

\_\_\_\_\_ Program (on-the-job training and/or field trips) during the school year. I will be advised in writing by the school, and approve in advance, specific activities prior to my son's/daughter's participation.

Should a medical emergency arise while my son/daughter is on a school sponsored field trip, I will be notified in order to approve medical treatment. In the event that one of the contacts listed herein cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

This Parental Permission, Medical Release, and Insurance Permission Form will remain in effect for the entire \_\_\_\_\_ school year. If there are any changes to the information provided herein, I/we will maintain responsibility for issuing the school an updated duly authorized Parental Permission, Medical Release, and Insurance Statement Form.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

## NOTARIZATION

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_