

Medical Release 2010-2011

THIS MUST BE NOTARIZED

Please note: Only sign and notarize Part II if you do NOT want emergency medical treatment for your child.

SCHOOL BOARD OF HILLSBOROUGH COUNTY
MEDICAL RELEASE FORM

PART I

The undersigned as the parents and/or legal guardians of _____ do 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 hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, 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. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home: _____ Business: _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature: _____ Signature: _____

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH COUNTY SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC,

this _____ day of _____ 200_____

My commission expires:

Notary Public: _____

PART II

As parent or guardian of the student listed below, I do not desire to sign the medical and surgical release form above.

Name of Student: _____

Parent of Guardian: _____ Date: _____

SB 81002