



# 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: \_\_\_\_\_