

### FIELD TRIP MEDICAL RELEASE FORM

This form is used for recording parental permission for medical and/or surgical treatment in case of medical concerns on a field trip. **A notarized signature is required for an overnight or out-of-state field trip.**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student #: \_\_\_\_\_

Location of Field Trip: \_\_\_\_\_ Date(s) of Field Trip: \_\_\_\_\_

As the parent and/or legal guardian of (*print student name*): \_\_\_\_\_, I authorize Hillsborough County Public Schools, its agents, employees, and other officers to procure and consent to any medical emergency treatment, including hospital care, to be rendered to my child by or under the supervision of a licensed health care provider. The parent/legal guardian is responsible for any fees or costs. My signature below represents consent and agreement to the matters stated above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Notary: \_\_\_\_\_ Print Name: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address (street, city, state): \_\_\_\_\_

Check any health conditions that apply (if none, leave blank). Allergies  Asthma  Diabetes  Seizures

Heart condition  Other (please describe): \_\_\_\_\_

Medications prescribed: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

*NOTE: In the event of an emergency medical situation, the chaperone/teacher will call 911 and all attempts will be made to contact the student's parent/guardian regarding the emergency.*