

# NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION

## AUTHORIZATION FOR MEDICAL TREATMENT

1. I am the father/mother/guardian of the minor child below:

NAME OF CHILD  DATE OF BIRTH

2. The child resides with me at

Number

Street

City

State

Zip Code

### Authorization for Emergency Care:

In case of accident or serious illness, and North Florida School of Special Education, hereafter referred to as NFSSE, are unable to reach me, I hereby authorize NFSSE to contact the physician indicated below and follow his or her instructions: If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at the school, the staff will contact me or arrange transportation for my child. If the school is unable to reach me, I authorize NFSSE to contact one of the persons indicated on their enrollment form and ask them to pick up and transport my child home.

3. The child is covered (if applicable) under the following medical plan:

Employer

Insurance Company

Plan Number

4. The child's doctor is:

Name

Address

Phone Number

5. The child's dentist is:

Name

Address

Phone Number

6. Medications taken by child is (list name, dosage and frequency):

Home:

School:

7. Allergies:

8. Topical over the counter medications which may be administered by the School. Please check the medications permitted.

Neosporin ointment

Benedryl (topical)

Hydrocortisone Cream

Bactine Spray

### General Release of Liability:

In consideration of being allowed to participate in any way at NFSSE and related events an activities the undersigned agrees to:

I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury, including permanent disability and severe social and economic losses, which might result not only from their actions, inactions, or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonable foreseeable at this time.

I understand that NFSSE and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through NFSSE. I agree to hold NFSSE and their employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son while attending NFSSE.

Parent/Guardian Signature: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public

4/23/14AM