

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL Key Largo School **SCHOOL PHONE #** (305)453-1255

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) Date

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCSD-ADM002) must be executed.

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and
any field trips that are outside Monroe County)

SCHOOL

DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient

Father

Mother

Guardian(s)

Date

STATE OF FLORIDA)
)SS
COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, in
the year of the Lord _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are
prohibited in regards to religious convictions please list below: