



PLANTATION KEY SCHOOL

CONSENT FOR MEDICAL TREATMENT

Student's Name

SCHOOL

It is understood that the school will always first call the parent when there is a medical emergency. A medical emergency DOES NOT include vaccines or tests without your prior consent via a separate document.

However, signing below I give CONSENT to give my child the necessary care and observation during school hours, athletics, student activities and field trips until the time the parent can be reached. This will include calling an emergency vehicle if needed.

Parent Signature

Date

THIS DOCUMENT WILL BE NOTARIZED BY A SCHOOL OFFICIAL

STATE OF FLORIDA
COUNTY OF Monroe

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

Notary Public State of Florida

My commission expires _____.