Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

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.

Distribution: Office, Teacher to take original on field trip