CITY OF PEMBROKE PINES CHARTER SCHOOLS

PERMISSION FOR MEDICAL TREATMENT

I, _____ the parent/legal guardian of _____,
(Parent/Legal Guardian) (Student Name)

hereby authorize any necessary medical treatment, including the administration of any medication, as prescribed by the doctor named below while on a field trip. I also guarantee payment of any charges incurred during any necessary medical treatment. I acknowledge that I have been advised that my son/daughter/ward should have "24-hour" insurance coverage (either through my own agent or the currently authorized student accident insurance). I further realize that "at school" Student Accident Insurance does not cover overnight school trips.

In regard to the above mentioned student, I submit the following information:

Allergies to food, medications, etc. (If none, so state): _____

Special medical conditions (If none, so state):_____

Is student on any continuing medication? (If so, state and describe recommended dosage):

_____

Date of last tetanus shot: _____ Family Physician: _____

Physician Address: _____

Physician Phone Number: _____

Pursuant to §765.2035, Florida Statutes, I, the undersigned, designate the following person or his/her designee to act as my surrogate for health care decisions for the above named student in the event I am not able or reasonably available to provide consent for medical treatment and surgical and diagnostic procedures.

Name & Title:_____ Phone Number:_____

School Name & Address:_____

This designation shall apply to any field trip and shall remain in effect for the _____ school year.

All signatures on this Permission for Medical Treatment shall be executed by hand, by the parent/legal guardian in the presence of two adult witnesses. This Permission for Medical Treatment must also be manually delivered to the school either in person, by the student, or by mail.

Parent/Legal Guardian Name: _____

Signed By: _____
(Parent/Legal Guardian)

1. Witness Name:_____ Witness Signature:_____

2. Witness Name:_____ Witness Signature:_____