

## PERMISSION FOR MEDICAL TREATMENT

I, the undersigned being the parent/legal guardian of \_\_\_\_\_  
hereby authorize any necessary medical treatment to include the administration of any medications prescribed  
by the doctor in attendance for this student while on a trip sponsored by Pembroke Pines Charter School.  
I also guarantee payment of any charges incurred during the 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.

PARENT/LEGAL GUARDIAN NAME(S): \_\_\_\_\_

Please Print

X

Signature(s)

ADDRESS: \_\_\_\_\_

Street Name & No.

City

Zip Code

PHONE: \_\_\_\_\_

Home

Business

Emergency

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

1. Allergies to food, medications, etc. (If none, so state): \_\_\_\_\_  
\_\_\_\_\_

2. Special Medical Problems (If none, so state): \_\_\_\_\_  
\_\_\_\_\_

3. Is the student on any continuing Medication? (If so, state and describe recommended dosage: \_\_\_\_\_  
\_\_\_\_\_

4. Date of last Tetanus shot: \_\_\_\_\_

5. Family Physician: \_\_\_\_\_

Name

Telephone

Street Name & No.

City

6. Insurance Company \_\_\_\_\_

NOTARY SEAL

Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_