

PLEASE FILL OUT BOTH CARDS

Lake County Schools

EMERGENCY TREATMENT AUTHORIZATION CARD

(Please Print)

Student Legal Name _____ School South Lake High School Grade _____

Student DOB _____ Date of last tetanus shot _____ my child/ward has the following allergies _____

_____ child/ward is allergic to the following medications _____

Please identify any serious injuries or disease your child/ward has had _____

Name alternate contact in case of emergency _____ Telephone Number _____

Primary Care Doctor Name _____ Telephone Number _____

I/We the parent/guardian understand that the medical insurance coverage for our/my child/ward is my/our responsibility; whether it is family insurance or purchased school insurance. I/we relieve and release LCSB from any liability in its failure to carry insurance upon our/my child/ward. I/We are providing information for medical insurance coverage for my/our child/ward. I/We further understand that if I/We falsify any insurance information that my/our child/ward will forfeit athletic eligibility from date of disclosure. The information below is required for participation, if you do not have family insurance you must purchase and identify below that you have football/school insurance for your child/ward.

Name of Insurance Company _____ Insurance Policy Number _____

Name of Insurance Contact _____ Telephone Number _____

I/We further give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the Lake County School Board and its employees harmless in the administration of such assistance. I/We hereby acknowledge and certify that I/We have read the emergency medical document and I/We understand and agree with its terms. According to Florida Statutes (92.525) "Under penalties of perjury, I/we declare that I/we have read the foregoing and that the facts stated in it are true." I/We agree to be bound by its terms and I/we have reviewed and explained the notice with my/our child/ward.

Signature of Parent/Legal Guardian _____ Print Name of Parent Legal Guardian _____ Date _____

Telephone (H) _____ Telephone (W) _____ Other _____

Street Address _____

City _____ State _____ Zip _____

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City _____ State _____ Zip _____