SEMINOLE COUNTY PUBLIC SCHOOLS **EARLY CHILDHOOD EDUCATION PRESCHOOL**

		Lake Brantley High School				
PLEASE	<u>PRINT</u>					
STUDENT				- □ MALE □ FEMALE AGE		
LAST NAME USED AT HOME		FIRST	MIDDLE	DATE OF BIRTH	//	
HOME ADDRESS				_		
TIONIE II	NUMBER AND S	TREET NAME	APT. NUMBER	CITY	ZIP CODE	
	I hereby grant my permission for the director, or acting director, ofHigh School					
	to take all steps necessary to obtain emergency medical care for my child,					
PERMISSION FOR MEDICAL CARE	 These steps may include, but are not limited to the following: Attempt to contact parent or guardian. Attempt to contact the child's physician. Attempt to contact parent/ guardian through the persons listed on the Emergency Information Form. 					
	 4. If we cannot contact you or your physician we will do one or more of the following: a. Call another physician or paramedics b. Call an ambulance c. Have the child taken to an emergency room in the company of a school staff member 5. Any expense incurred under #4 will be borne by the child's parent(s) or legal guardian. 					
	I hereby grant permission for my child, to receive medical attention Child's name as soon as possible.					
	Signed	C: t f	-4/ 1:	Date		
	Subscribed and sworn to before me day of, 20 Notary Public, State of Florida					