

**RELEASE AND CONSENT
THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA**

THIS FORM MUST BE READ AND SIGNED BY PARENTS OR GUARDIANS OF EVERY MINOR:

STUDENT NAME: _____ DATE: _____

We do hereby approve of our child attending

It is my understanding that the School Board of Seminole County, Florida will exercise reasonable acceptable safety and health standards and will attempt to notify me in the event of any emergency such as would require a physician's attention. I further certify that to do the best of my knowledge my child has not been exposed to any contagious diseases within the last thirty days. You have my permission to have a physician or surgeon attend my child, to the extent necessary to protect and preserve the health of my child, including but not limited to, performance of surgery deemed necessary and not elective.

PARENT/GUARDIAN'S INFORMATION

SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE NUMBER. (HOME): _____ WORK: _____

MEDICAL AND HEALTH INFORMATION

STUDENT'S ALLERGIES: _____

STUDENT'S PHYSICIAN: _____

PHONE NO.: _____

MEDICAL INSURANCE CO.: _____

ADDRESS: _____

POLICY NO.: _____