



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

## Student Medical Consent for Athletics

Print Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone or cell number to call in case of emergency*

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### NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_

\_\_\_\_\_  
*(parent/guardian or adult/emancipated student)*

\_\_\_\_\_  
*Signature of Notary Public - State of Florida*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_