FLEMING ISLAND HIGH SCHOOL
MEDICAL RELEASE FOR BAND TRIPS

The patient and others who signatures are attached below do hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by his or her physician and/or surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his physician recommends the patient's discharge. This form will be used only in case of emergencies and after every reasonable effort is made to contact parents/guardians prior to admitting the patient for necessary treatment.

Consent is also given for release of information for insurance purposes and I submit authorization for responsible third part to pay, directly to the hospital, insurance benefits due me for services rendered.

_____ _____
Name of Parent or Guardian (Printed) Student's Name (Printed)

_____ _____
Signature of Parent or Guardian Date

Student Required Information:

Age: _____ Social Security No. _____

Parent's Home Phone _____ Parent's Work Phone _____

Parent's Home Mailing Address _____

Allergies: Please list _____

Allergic to any medication? Yes No If yes, list _____

Parent's Medical Insurance Carrier _____

Policy Number _____

STATE OF FLORIDA

County of _____

Subscribe and sworn to (or affirmed) before me this _____ by _____
(date)

who is/are personally known to me or has/have produced _____

as identification.

_____ Notary Public Commission No. _____
(signature)

SEAL

_____ (Name of Notary typed, printed, or stamped)