

**THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA**  
**PUPIL SUPPORT SERVICES**  
**1960 LANDINGS BOULEVARD, SARASOTA FL 34231-3331**  
**TELEPHONE: (941) 927-9000**

**EMERGENCY MEDICAL/TREATMENT FIELD TRIP CONSENT FORM**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of above (if different): \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list a person other than the parent or guardian who could be contacted in case of an emergency below:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is above student allergic to foods, medications, or insects? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list what they are and emergency medication/treatment, if any:

\_\_\_\_\_  
\_\_\_\_\_

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list and describe medical requirements for field trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the above student take any daily medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please complete the medication treatment authorization form (if not previously on file in the school Health Room) and  
lease list the medication and time to be administered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to  
contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary  
treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible  
for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain  
at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is  
unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child. I  
understand that I must notify the school if there are any changes in this health emergency information.

In case of non-life threatening emergency, list hospital preference: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**THE SCHOOL BOARD OF SARASOTA COUNTY**  
**PUPIL SUPPORT SERVICES**  
1960 Landings Boulevard Sarasota, Florida 34231-3331  
Telephone: (941) 927-9000

**MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL**

**Instructions:** Form must be signed and notarized.

**Name Of Student (Please Print):** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

**Home Phone :** \_\_\_\_\_ **Parent's Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Other Emergency Contact Name:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Policy Group Number:** \_\_\_\_\_

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Activities Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Activities Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity. For this reason it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents, or guardian, give my/our consent for the student identified herein to participate in this activity as a representative of his/her school.
2. I/We will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Activities Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, costs, trips or extracurricular activities, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my son/daughter to travel on any approved school related trip. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of Florida:  
County of Sarasota

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_

The foregoing instrument was acknowledged by: \_\_\_\_\_ (Name of Person Making Statement)

\_\_\_\_\_ Personally known to me, or

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

**Notary Public Signature:** \_\_\_\_\_ **Name of Notary Public:** Print, Stamp, or Type as Commissioned: \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_ **Commission Number:** \_\_\_\_\_