

MEDICAL RELEASE FORM

STUDENT _____

SCHEDULE: HALF FULL EXTENDED

This form must be read and signed by parent(s) or guardian(s) of every minor for any off campus field trip or activity. This form will be retained for the current school year. Please notify the school for any change in this information. I/We acknowledge that Tuskawilla Learning Center, Florida, is not liable for medical expenses, hospital expenses or other such services as may be rendered for on behalf of my/our child as a result of injury or sickness. I/We acknowledge that Tuskawilla Learning Center has permission to seek medical attention in an emergency. I/We understand that if my/our child is injured or become sick, Tuskawilla Learning Center will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Tuskawilla Learning Center.

Mother's Name _____ Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Father's Name _____ Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Other emergency contacts:

Name: _____ Phone : _____

Name: _____ Phone : _____

Student's Physician _____ Phone : _____

Dentist: _____ Phone: _____

Medical Insurance Co. _____ Address: _____

Policy No. _____

Allergies and/or other medical conditions _____

Any additional medical information necessary for emergency care:
