Pasco County Schools
Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

STUDENT PARTICIPATION CONSENT FORM

STUDENT GRADE LEVEL _____ SCHOOL YEAR: _____ STUDENT I. D. #: _____

LAST _____ **FIRST** _____ **MIDDLE** _____
Name of Student (As it appears on the student's birth certificate)

STUDENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (WITH AREA CODE): (____) _____ D.O.B: _____/_____/_____

EMERGENCY CONTACT NAME: _____ PHONE: (____) _____

FATHER/GUARDIAN: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE (____) _____

MEDICAL INSURANCE COMPANY _____ MEMBER ID # _____

MOTHER/GUARDIAN: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE (____) _____

MEDICAL INSURANCE COMPANY _____ MEMBER ID # _____

STUDENT MEDICAL INSURANCE COMPANY (if separate from parent or guardian) _____

STUDENT MEDICAL INSURANCE COMPANY MEMBER ID # (if separate from parent or guardian) _____

Is the student's insurance policy an (HMO) Health Maintenance Organization? YES: _____ NO: _____

Participation in fine arts activities or JROTC may involve rehearsals, performances and/or competitions. These activities may include travel and can occur both inside or outside. The information you provide on this document will help ensure medical insurance information is available in the event the above-named student needs medical attention due to illness and/or injury.

PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent for the identified student herein to travel with the performing group as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above-named adult student, do hereby consent to the release of confidential records as deemed necessary for medical treatment to take place.

I AM AWARE OF MY PARENTAL RIGHTS UNDER STATE AND FEDERAL LAW (INCLUDING WITHOUT LIMITATION, FLORIDA STATUTES CHAPTER 1014 - THE PARENTS BILL OF RIGHTS). IN THE EVENT OF AN INJURY OR ILLNESS AND YOU CANNOT BE REACHED, DO YOU GIVE HIS/HER ASSIGNED TEACHER THE AUTHORITY TO HAVE YOUR CHILD TREATED MEDICALLY? I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. **YES: _____ NO: _____**

Please Note: Per F.S. **743.064** In the event that the teacher does not have authority to authorize treatment, the teacher may render emergency medical care or treatment to any minor who has been injured in an accident or who is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of emergency medical care or treatment would endanger the health or physical well-being of the minor.

PARENT SIGNATURE _____ DATE _____

STATE OF FLORIDA, COUNTY OF _____The foregoing instrument was acknowledged before me via physical presencem OR online notarizations on this _____day of _____, 20____, by _____, who is personally known to me or produced _____as identification.

Signature of Notary _____

Printed Name of Notary _____

My Commission Expires _____