

**PINELLAS COUNTY SCHOOLS
PCSB Marching Band
EMERGENCY TREATMENT AUTHORIZATION CARD – English**

Legal Name: _____ School: _____ Grade: _____

Date of Birth: ____/____/____ Date of last tetanus shot: ____/____/____

My child is allergic to the following medications: _____

My child has the following allergies: _____

Please identify any serious injuries or illnesses your child has had: _____

Alternate family member/friend to contact in case of emergency:

Name: _____ Telephone Number(s): _____

Primary Care Doctor Name: _____ Telephone Number: _____

You understand that the insurance offered by Pinellas County Public Schools is a secondary policy and will pay only after your personal insurance pays.

Please write "none" if you have no personal insurance on this athlete. _____

Primary Insurance Company: _____ Policy Number: _____

Insurance Company Address: _____

I certify that I am the parent or legal guardian of the student named below. I request that in my absence this student may be admitted to any hospital or medical facility for diagnosis and treatment and give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by the hospital and/or doctor and agree to hold the School Board and its employees and agents harmless in the administration of such assistance. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment or operative procedures as may be necessary for the minor named below. I have not been given a guarantee as to the results of examination or treatment. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms. Section 92.525, Fl. Stat.: "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

_____/_____/_____
Signature of Parent/Legal Guardian Print Name of Parent/Legal Guardian Date

Telephone (H) _____ Telephone (W) _____ Other _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by
_____, _____ personally know to me or ____ produced identification
_____ (type of identification).

(Seal)

Notary Public – Signature