

# MEDICAL AUTHORIZATION FORM

(TO BE COMPLETED ONCE A YEAR ONLY)

\_\_\_\_\_ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by Union County High School and/or the District School Board of Union County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize the School Board of Union County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parent(s) or guardian(s), any emergency first aid or medical care by any physician, hospital or attendant as a result of involvement in the activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. The name of our health insurance company is \_\_\_\_\_, policy number \_\_\_\_\_, group number \_\_\_\_\_.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form will be valid and usable by the District School Board of Union County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Please list any allergies or unusual medial conditions:

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public

My commission expires:

Middle and High School Students:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of my District School Board and, if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date