

**Sebring Firemen Inc.
Permission and Emergency Treatment
Waiver and Authorization Form**

Please read this form carefully as it is a legally binding document. Your child will be prohibited from attending this activity if this form is not signed, unless a parent or guardian attends the activity to be available to personally give emergency treatment authorization. This form will be used as long as your child is in school. If changes occur, you must notify the school and see that they are written on this form as soon as they occur.

School: _____ Expiration Date: _____

I _____ (parent or guardian) hereby approve emergency treatment by the hospital and/or physician for my child: _____ (student's name). I agree to pay all bills for medical treatment either personally or through my insurance company.

Primary Insurance Company Primary Insurance Co Address Policy Number

I hereby authorize any member of the school staff or chaperone of Highlands County School Board to further consent to emergency treatment for my said child and to sign such consents, authorization for treatment and agreements to pay as are reasonable necessary to obtain such treatment.

Parent's Address Parents Telephone Number Parents Work Number

Student's Dates of Birth: _____ Date of Students last Tetanus Shot: _____

My child is allergic to the following medications or has the following allergies:

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

Alternate Family Member, Friend/Emergency Contact Name Emergency Contact Number

Please state special instructions to follow or any limitations in case of an emergency: _____

Minor – Patient Parent/Guardian

My son _____ has my permission to participate in the South Central Florida All-Star Classic football game and practices from 12/5/09 through 12/12/09.

Parent/Guardian Signature

I, _____ agree to hold and indemnify Highlands County School Board, Sebring High School and Sebring Firemen, Inc. harmless from any and all liability arising out of my participation in the South Central Florida All-Star Classic, including any and all injury or damage to myself.

Name Parent/Guardian

State of Florida, County of _____. The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 2009, _____ who is personally known to me or has produced _____ as identification.

Printed Name

(Affix Notary Seal)

Commission Number

Expires

Notary Public, State of Florida at Large