



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Medical Consent

The student, hereby known as patient, and parent or legal guardian whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below:

STUDENTS NAME (Please Print)

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENTS/GUARDIAN

DATE

STATE OF FLORIDA, COUNTY OF PALM BEACH

Sworn to and subscribed before me this _____ day of
_____ of _____ .
MONTH DAY YEAR

NOTARY PUBLIC
State of Florida at Large

My commission expires: _____