

Student Activities Emergency Information & Medical Treatment Form

NAME _____

ID NUMBER _____

Permission for Emergency Treatment

I/We hereby authorize the appointed representative(s) of Palm Beach State College to obtain and authorize medical treatment as is necessary to protect the my well-being; including, authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I do hereby release and agree to hold harmless Palm Beach State College and its representatives from any and all claims which may arise from said medical treatment.

Student Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____

NOTE: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students under the age of 21 years of age might not be administered an anesthetic or operated on without the written consent of the parent or guardian, we request that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

Emergency Medical Information

Do you suffer from any of the following conditions?

- Allergies Asthma Convulsions Heart Trouble Diabetes Fainting Spells Bleeding Disorders
 Other (Specify)

Do you wear/have: Contact Lenses Dentures Pacemaker

Are you currently taking any medications? (Please List)

Is there any other medical information that we should be aware of? If YES, please explain...

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

This document and its content constitute a student record and are exempt from public records under sections 1002.22 and 1006.52, Florida Statutes. The contents of this document can only be disclosed with the Student's and/or Parent(s) Guardians consent.

Student Signature _____ Date _____