

EMERGENCY TREATMENT AUTHORIZATION CARD –English **SCHOOL BOARD OF ORANGE COUNTY, Florida** (Please Print)

Athlete's Legal Name: _____ School: _____ Grade: _____
 Athlete's 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: _____
 Alternative 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 Orange County Public Schools is a secondary policy and will pay only after your personal insurance pays.
 You Also understand that your child is only covered by OCP5 sport insurance during FHSAA specified season.
 Please write "none" if you have no personal insurance on this athlete.
 Primary Insurance Company: _____ Policy Number: _____
 Insurance Company Address: _____

You understand if a parent, guardian or student falsifies any signature or information on the emergency medical treatment card, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date. You further give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance. I herby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms Florida Statues (92.525) "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 review 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: _____

PLEASE FILL OUT BOTH CARDS!

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