

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
and
FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY
SCHOOL HEALTH SERVICES

MEDICATION AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION
MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS ONLY

Instructions: Return this completed form to the school health room.

Student Name _____ DOB _____ Sex _____

School _____ School Year 20__ - 20__ Grade _____

List Child's Allergies _____

I grant permission to the principal or his/her designee to assist in the administration of over-the-counter medication to my child while in school and while participating in field trips. I will supply the named medication in an unopened, original store-issued container. I understand that it is my responsibility to hand carry medication to the school health room. **(Do not send medication to school with your child.)** I understand that this agreement is valid until I terminate permission or until the end of the current school year. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Mark only one box below. **(No other medications have been approved.)**

<input type="checkbox"/> Tylenol or Acetaminophen	(One) <u>325 mg</u> (regular strength) tablet or <u>325 mg</u> chewable equivalent every 4 hours as needed (No liquid)
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Children must be 12 years of age or older for the medications listed below.

<input type="checkbox"/> Tylenol or Acetaminophen	(Two) <u>325 mg</u> (regular strength) tablets or <u>650 mg</u> chewable equivalent every 4 hours as needed (No liquid)
<input type="checkbox"/> Tylenol or Acetaminophen	(One) <u>500 mg</u> (extra-strength) tablet every 4 hours as needed
<input type="checkbox"/> Advil/Motrin or Ibuprofen	(One) <u>200 mg</u> (regular strength) tablet or <u>200 mg</u> chewable equivalent every 6 hours as needed (No liquid)
<input type="checkbox"/> Advil/Motrin or Ibuprofen	(Two) <u>200 mg</u> (regular strength) tablets or <u>400 mg</u> chewable equivalent every 6 hours as needed (No liquid)

Parent/Guardian Name _____

Emergency Phone _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____
Street City State Zip

Parent/Guardian Signature _____ Date _____

Medication Order Reviewed By School RN/LPN Name (Print) and Signature _____ Date _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS AND/OR OTHER AFTER SCHOOL ACTIVITIES

Instructions: Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Student Name _____ Date _____
Last First Middle

DOB _____ Student No. _____

Home Address _____
Street City State Zip

Parent/Guardian Name (Print) _____ Relationship _____

Address of above (if different) _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) _____ Phone _____

Is above student allergic to foods, medications, or insects? Yes No

If Yes, list what they are and emergency medication/treatment, if any. _____

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)? Yes No

If Yes, list and describe medical requirements for field trip _____

Does the above student take any daily medication(s)? Yes No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered _____

Family Physician Name (Print) _____ Physician Phone _____

In case of non-life threatening emergency, list hospital preference _____

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.

Parent/Guardian Signature _____ Date _____

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**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR
HIGH SCHOOL STUDENT ATHLETIC PARTICIPATION**

Instructions: This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) _____ Student No. _____ DOB _____

School Name _____ School Year _____

Name of sport/activity this agreement governs _____

Parent/Guardian Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

I/We fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/We understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

Yes I/we will be purchasing the student accident insurance made available through the Sarasota School District.

No I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Insurance Company Name _____

Policy No. _____ Effective Dates _____

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) and/or the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in FHSAA and Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/We acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

STATE OF FLORIDA, SARASOTA COUNTY

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20_____, by _____ who is

Personally Known Produced Identification Type of Identification Produced _____

(Seal) _____
Typed or Printed Name of Notary Public

Signature of Notary Public

My Commission Expires _____ Commission No. _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
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RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS

Instructions: Form must be signed and notarized and returned to child's school. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) _____ Student No. _____ DOB _____

Address _____ School Year _____

Home Phone _____ Parent/Guardian Work Phone _____ Cell Phone _____

Other Emergency Contact Name _____ Phone _____

Medical Insurance Carrier _____ Policy Group No. _____

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Athletic Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity or curricular field trips. For this reason, it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school.
2. I/We, will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Athletic Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any approved school related trip. **This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.**

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me by means of physical presence online notarization, this _____ day of _____ 20 _____ by _____ (Name of Person Making Statement)

The foregoing instrument was acknowledged by _____ who is _____ personally know to me, or _____ produced Identification/Type of Identification _____

Notary Public Signature _____ Name of Notary Public: Print, Stamp, or Type as Commissioned _____

My Commission Expires _____ Commission Number _____