



**MEDICAL TREATMENT RELEASE & FIELD TRIP PERMISSION for the School Year: 20\_\_\_\_ - 20\_\_\_\_**

1115 58<sup>th</sup> Avenue, Vero Beach, FL 32966 • Phone: 772-794-4655 • [www.mastersvb.org](http://www.mastersvb.org)

**Please complete entire form legibly, in ink. Thank you!**

Student:		Birthdate: ____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City		Zip
Father		Phone 1 ( ) -		Email	
Mother		Phone 1 ( ) -		Email	
Emergency Contact if parent cannot be reached		Phone 1 ( ) -		Email	
		Relationship			
Physician				Phone ( ) -	
Dentist				Phone ( ) -	
Medical Insurance Company				Phone ( ) -	
Policy #				Expiration Date ____/____/____	
Date of Last DPT or Tetanus ____/____/____			List any other important medical information we should know about your child:		
Is student currently taking any Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," List:					
<b>To Whom It May Concern:</b> This permission slip is to certify that I, parent/guardian of the above named child, do hereby grant Master's Academy of Vero Beach, Florida, permission to take my child on field trips throughout the entire 20____ - 20____ school year. In the event of an emergency, if I cannot be reached, I authorize the adults in attendance to administer first aid treatment and/or take my child to a medical facility. My child may be transported by ambulance if the situation warrants. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. I release Master's Academy from, and I assume responsibility for, financial liability for incurred medical expenses.					
<b>I have read, understand, and am in agreement with the above statements.</b>					
_____ <b>Printed name of Parent/Guardian</b>			_____ <b>Signature of Parent/Guardian</b>		
<b>Notarization Required:</b> State of Florida, County of Indian River					
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath. Seal:					
Notary _____					