



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

1105 58<sup>th</sup> Avenue, Vero Beach, FL 32966  
Phone/Fax: 772-794-4655 • [www.mastersvb.org](http://www.mastersvb.org)

**Please complete entire form legibly, in ink, and turn in to the office BEFORE school starts. Thank you!**

Student:		Birthdate: ___/___/_____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City		Zip
Father		Phone (    )       -		Email	
Mother		Phone (    )       -		Email	
Emergency Contact if parent cannot be reached		Phone (    )       -		Email	
		Relationship			
Physician				Phone (    )       -	
Dentist				Phone (    )       -	
Medical Insurance Company				Phone (    )       -	
Policy #				Expiration Date ___/___/_____	
Date of Last DPT or Tetanus ___/___/_____			Additional 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:					
<p><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 _____ 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.</p> <p><b>I have read, understand, and I am in agreement with the above statements.</b></p>					
_____ <b>Printed name of Parent/Guardian</b>			_____ <b>Signature of Parent/Guardian</b>		
<p><b>Notarization Required:</b> State of Florida, County of Indian River</p> <p>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 <b>(did) (did not)</b> take an oath.       <b>Seal:</b></p>					
Notary _____					