

# FLORIDA ATLANTIC UNIVERSITY

A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

## MEDICAL CONSENT AND RELEASE FORM

This form will serve as authorization for A. D. Henderson University School / FAU High School personnel to obtain emergency medical assistance for my child in my absence. In the event hospitalization is required, I hereby consent to and authorize treatment deemed necessary by the attending physician.

STUDENT'S NAME \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

EMERGENCY PHONE # (S) \_\_\_\_\_

DATE \_\_\_\_\_

LIST ANY KNOWN ALLERGIES: \_\_\_\_\_

LIST ANY KNOWN ALLERGIES TO MEDICATION: \_\_\_\_\_

Approved Field Trip to:

Basketball Senior Night

Date(s)

January 25, 2017

Teacher(s) in charge

Dr. Feit / Mrs. Adam

*Teacher in charge - take this slip on the trip.*