

**BAY DISTRICT SCHOOLS  
EXTRACURRICULAR ACTIVITIES  
AUTHORIZATION FOR MEDICAL TREATMENT**

**This form when completed will cover the school year.  
Update of information will be the responsibility of  
the parent or guardian.**

**Note: This form will be used only when  
a parent or legal guardian cannot  
be notified and emergency medical  
attention is needed.**

We, the undersigned as the parents/ guardians of \_\_\_\_\_ hereby consent to any \_\_\_\_\_  
Student Name  
and all emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable by  
qualified physicians selected by agents or officials of the Bay County School Board. The intention thereof is to grant authority to  
administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures which may now, or  
during the course of the patient's care, be deemed advisable or necessary by qualified physicians.

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Student's Address \_\_\_\_\_ Phone # \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Business \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact if Parent/Guardian cannot be reached: \_\_\_\_\_ Phone# \_\_\_\_\_

Is your child presently under medical treatment/taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Frequency of medication: \_\_\_\_\_

Does your religion prohibit any specified medical procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signatures below:

Date: \_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_  
Signature of Parent/Guardian

**State of Florida, County of \_\_\_\_\_**. Sworn to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who  
has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed, Printed, or Stamped Name of Notary

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public Commission Number