

**PINELLAS COUNTY SCHOOLS  
PCSB Marching Band  
EMERGENCY TREATMENT AUTHORIZATION CARD – English**

Legal Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

My child is allergic to the following medications: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

Please identify any serious injuries or illnesses your child has had: \_\_\_\_\_

Alternate family member/friend to contact in case of emergency:

Name: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

You understand that the insurance offered by Pinellas County Public Schools is a secondary policy and will pay only after your personal insurance pays.

Please write "none" if you have no personal insurance on this athlete. \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

I certify that I am the parent or legal guardian of the student named below. I request that in my absence this student may be admitted to any hospital or medical facility for diagnosis and treatment and give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by the hospital and/or doctor and agree to hold the School Board and its employees and agents harmless in the administration of such assistance. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment or operative procedures as may be necessary for the minor named below. I have not been given a guarantee as to the results of examination or treatment. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms. Section 92.525, Fl. Stat.: "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Legal Guardian      Print Name of Parent/Legal Guardian      Date

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_ Other \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_ personally know to me or \_\_\_\_\_ produced identification \_\_\_\_\_ (type of identification).

(Seal)

\_\_\_\_\_  
Notary Public – Signature