

Legacy Preparatory Academy

Dr. Yolonda Capers, Principal

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MEDICAL RELEASE FORM

Student's Name: _____

Parent//Legal Guardian's Name: _____

Phone #s Home: _____ Work: _____

Cell: _____ Other: _____

STATEMENT OF CONSENT: (To be signed in the presence of a legalized notary public.)

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____ (parent/legal guardian), hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of any qualified medical personnel.

No action will be taken until an attempt is made to contact me at the phone number(s) listed above.

Signature of parent/legal guardian: _____ Date: _____

NOTARIZATION:

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

SUBSCRIBED AND SWORN (AFFIRMED) TO BEFORE ME A NOTARY PUBLIC, THIS

_____ DAY OF _____ 20_____.

My commission expires: _____

Notary Public: _____