

**EMERGENCY INFORMATION
&
TREATMENT RELEASE FORM**

TO PARENT(S) OR GUARDIAN(S): In order to serve your child in case of **ACCIDENT OR SUDDEN ILLNESS** either at school, on a field trip, or any school-sponsored activity, it is necessary that we have this release form signed.

I, the undersigned, do hereby authorize officials of the **LEE COUNTY PUBLIC SCHOOL SYSTEM** to contact directly the persons named on this **PERSONAL DATA FORM** and do authorize the named physicians to render such treatment as may be deemed necessary in an **EMERGENCY**, for the health of said child.

In the event physicians, parents, or other persons named on this **DATA SHEET** cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

I hereby give Lee County Schools, (via) Lee County Ambulance service, permission to take my child to the nearest available medical facility to be treated.

Student's Last Name First Middle

Signature of Parent or Guardian *Date*

Known Allergies to Drugs and Anesthetics:
