

**CONSENT FOR MEDICAL TREATMENT**

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

\_\_\_\_\_  
Key West High  
SCHOOL

\_\_\_\_\_  
DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

\_\_\_\_\_  
Minor - Patient

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Guardian(s)

\_\_\_\_\_  
Date

STATE OF FLORIDA            )  
  )SS  
COUNTY OF MONROE        )

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of the Lord \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of Florida at Large

My Commission expires \_\_\_\_\_

\*\*\*\* If there are any specific medical practices which are prohibited in regards to religious convictions please list below: