

MEDICAL WAIVER

In the case of an accident, parents will immediately be notified. If parents or an emergency contact (as stated on the emergency card filled out by parents at the beginning of each school year) cannot be reached, 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 his/her physician and surgeon. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, 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 his 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

Date

Mother

STATE OF FLORIDA

COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgements, personally appeared _____,
Who is personally known to me _____ or has produced a Florida Driver's License # _____ as identification and who did/did not take an oath and executed the foregoing instrument and acknowledged before me that _____
Executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this
____ day of _____, 2____.

NOTARY PUBLIC

My Commission expires:
(SEAL)