

Medical Waiver

In cases of an accident, parents will immediately be notified. If parents or an emergency contact (as stated on 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 treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care is deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patient's discharge.

In Witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

Minor Patient _____ Father _____

Date _____ Mother _____

STATE OF FLORIDA

COUNTY OF LAKE

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 who produced Florida Driver's License Number _____ as identification and who did/did not take an oath that _____ executed the same.

WITNESS my hand and official seal in the County and State last aforesaid _____ day of _____ 20____.

NOTARY PUBLIC

My Commission Expires _____
(Seal)