



**MEDICAL TREATMENT RELEASE & FIELD TRIP PERMISSION**  
for the School Year: \_\_\_\_\_

1105 58<sup>th</sup> Avenue, Vero Beach, FL 32966  
Phone/Fax: 772-794-4655 • [www.mastersvb.org](http://www.mastersvb.org)

**Please complete entire form legibly, in ink, and turn in to the office BEFORE school starts. Thank you!**

Student:		Birthdate: ___/___/_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	Zip
Father	Phone (    )    -	Email	
Mother	Phone (    )    -	Email	
Emergency Contact if parent cannot be reached	Phone (    )    -	Email	
	Relationship		
Physician		Phone (    )    -	
Dentist		Phone (    )    -	
Medical Insurance Company		Phone (    )    -	
Policy #		Expiration Date ___/___/_____	
Date of Last DPT or Tetanus ___/___/_____		Additional medical information we should know about your child:	
Is student currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," List:			
<p><b>To Whom It May Concern:</b> This permission slip is to certify that I, parent/guardian of the above named child, do hereby grant Master's Academy of Vero Beach, Florida, permission to take my child on field trips throughout the entire _____ school year. In the event of an emergency, if I cannot be reached, I authorize the adults in attendance to administer first aid treatment and/or take my child to a medical facility. My child may be transported by ambulance if the situation warrants. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. I release Master's Academy from, and I assume responsibility for, financial liability for incurred medical expenses.</p> <p><b>I have read, understand, and I am in agreement with the above statements.</b></p>			
_____ <b>Printed name of Parent/Guardian</b>		_____ <b>Signature of Parent/Guardian</b>	
<p><b>Notarization Required:</b> State of Florida, County of Indian River</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification and who <b>(did) (did not)</b> take an oath.      <b>Seal:</b></p>			
Notary _____		<i>Revised 2019.10.28</i>	