



Where extraordinary happens every day!

MEDICAL RELEASE FORM

As the parent/legal guardian of:

<b>Student Name</b>		<b>Grade</b>	
---------------------	--	--------------	--

I request that in my absence the above-named student-athlete be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

<b>Date of birth:</b>		<b>Date of last Tetanus Booster:</b>	
-----------------------	--	--------------------------------------	--

<b>Known allergies or medical conditions of this student, including any allergies to medicine or medication currently taking:</b>	
---	--

<b>Family Physician:</b>		<b>Phone:</b>	( )
--------------------------	--	---------------	-----

<b>Parent/Guardian:</b>	
-------------------------	--

<b>Street Address:</b>	
------------------------	--

<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
--------------	--	---------------	--	-------------	--

<b>Phone # H:</b>	( )	<b>Work #:</b>	( )
-------------------	-----	----------------	-----

<b>Person responsible for charges:</b> (if different from above)	
---	--

<b>Street Address:</b>	
------------------------	--

<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
--------------	--	---------------	--	-------------	--

<b>Phone # H:</b>	( )	<b>Work #:</b>	( )
-------------------	-----	----------------	-----

<b>Name of Emergency Contact</b>	
----------------------------------	--

<b>Street Address:</b>	
------------------------	--

<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
--------------	--	---------------	--	-------------	--

<b>Phone # H:</b>	( )	<b>Work #:</b>	( )
-------------------	-----	----------------	-----

<b>Insurance Carrier:</b>		<b>Policy Number:</b>	
---------------------------	--	-----------------------	--

<b>Name of Insured:</b>		<b>Phone:</b>	( )
-------------------------	--	---------------	-----

Bradenton Preparatory Academy makes every effort to provide transportation to school related events. Should there be a need for alternative transportation please advise your preference below. Parents will be notified in the event BPA transportation is not available.

<input type="checkbox"/> My son/daughter <b>may transport other students</b> who have been given parental permission to ride with other students when allowed to use his/her own vehicle for transportation in the immediate <b>Sarasota/Bradenton area</b> .	<input type="checkbox"/> My son/daughter <b>may ride with a BPA student driver</b> who has been given parental permission to drive in the immediate <b>Sarasota/Bradenton area</b> .
---	--

<input type="checkbox"/> My son/daughter <b>may ride with a BPA parent</b> in the parent's vehicle to events regardless of the location.	<input type="checkbox"/> My son/daughter will <b>always ride</b> on the transportation provided by the school regardless of the location.
--	---

**BLANKET PERMISSION SLIP FOR ALL FIELD TRIPS FOR THE 2007 / 2008 SCHOOL YEAR.**

I give my permission for my youngster \_\_\_\_\_ to go on any trip sponsored by BRADENTON PREPARATORY ACADEMY. I will be notified of said field trip / trips.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
By presented as identification \_\_\_\_\_.

Notary \_\_\_\_\_

Date \_\_\_\_\_

SEAL

**This form is valid for the 2007/2008 School Year and will expire June 30, 2008.**