

BREVARD HOME EDUCATORS ACTIVITIES TEAMS

MEDICAL RELEASE

Child's Name (PRINT PLAINLY) _____

STATEMENT OF PARENTS OR LEGAL GUARDIANS

I/We give permission for my child to take part in all Brevard Home Educators Activities Teams activities, including sports and sponsored trips, and I/we absolve, protect and hold harmless Brevard Home Educators Activities Teams and their respective employees, agents, board members, governing officers, and successors, from liability to me or my child because of any injury to my child, unless caused by the gross negligence of one or more of the protected parties.

Further, in the event my child becomes ill or is injured while under Brevard Home Educators Activities Teams supervision, I approve the Brevard Home Educators Activities Teams authorities taking the following steps:

1. Contact a parent of the student and follow his/her instructions.
2. Contact the student's physician and follow his/her instructions, in the event neither parent can be reached.
3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the student's physician cannot be reached.

If, in the opinion of a properly licensed and practicing physician, my child named above, needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I/we hereby authorize, appoint and employ the Athletic Director, Coach, or his/her designee, to furnish on my behalf such written or oral authorization as may be so required.

Further, I release the Athletic Director, Coach, or his/her designee, and Brevard Home Educators Activities Teams from any liability that might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

THIS FORM MUST BE NOTARIZED, AND WILL REMAIN IN EFFECT AS LONG AS THE ABOVE NAMED CHILD IS A MEMBER OF BREVARD HOME EDUCATORS ACTIVITIES TEAMS. If possible, both parents should sign this form.

Father's signature

Mother's signature

Print name as signed above

Print name as signed above

Date _____

Date _____

Notary signature

Notary signature

(Notary seal)

(Notary seal)

Notary: please check one:
 as to mother
 as to father
 both parents

Notary: please check one:
 as to mother
 as to father
 both parents

Personally known by notary

Personally known by notary

OR Identification shown

OR Identification shown

(Type of identification shown)

(Type of identification shown)