



Holmes District School Board

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Bonifay, FL 32425
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Holmes District Insurance & Emergency Treatment Form

My son/daughter/ward _____ has permission to participate in

and has insurance to cover possible injuries. The insurance company through which my child has

coverage is _____, and the policy number is

_____.

I understand that on rare occasions an emergency situation arises that requires hospitalization, surgery, and/or other necessary medical treatment. In some countries/states, a minor child might not receive such necessary medical treatment without the written consent of a parent or legal guardian. As such, I hereby fully endorse and agree with the following:

In the event of injury to my daughter/son/ward: _____ (Student's Name), born _____ (MM/DD/YYYY), I hereby authorize a District representative to obtain and give consent to whatsoever medical treatment the representative deems essential and necessary. Said treatment includes, but is not limited to, the administration of an anesthetic and surgery. I do hereby release and hold harmless the Holmes District School Board, its agents, employees, and officers, from any and all claims which may arise from a District representative's decision to obtain necessary emergency treatment for my child.

I further understand that in the event my child is injured or becomes sick, a District representative will attempt to contact my child's parent or legal guardian as soon as possible. However, if my child requires emergency medical treatment, I hereby authorize District representatives to initiate and pursue said emergency treatment prior to contacting any such parent or legal guardian.

I further understand that the property where my child will be staying may have a swimming area and that no lifeguard or chaperone will be present while the students are swimming. With a full and complete understanding of the above, I give complete permission for my child to swim in the swimming area, and I do hereby release and hold harmless the Holmes District School Board, its agents, employees, and officers, from any and all claims which may arise from my child's use of said swimming area. Please check below:

- My child **MAY** swim in swimming area.
- My child **MAY NOT** swim in swimming area.
- Not Applicable

I further understand that my child is expected to adhere to the rules and regulations of the Holmes District School Board while attending or participating in any school related activity.

Parent/Guardian Signature

Date

Health Information

Student's Name _____ Sex _____ Age _____

Home Address _____

Telephone Number _____ Date of Birth _____

Emergency Contacts (Names and Telephone Numbers)

Mother _____

Father _____

Other Contact _____

Family Physician _____

General Information

Food or drug allergies _____

Other allergies _____

Date of last tetanus shot _____

Present medications _____

Chronic medical problems _____

Other items of concern _____

Contract – Overnight and/or School Sponsored Activities Off Campus

I, the undersigned, have read and understand the Student Code of Conduct, and I agree that I will abide by and be subject to the Student Code of Conduct and all other Holmes District School Board policies during all school related activities. While participating in said school related activities, including but not limited to off campus and/or overnight school related activities, I agree as follows:

1. I will be respectful at all times.
2. I will not hurt another person with my words or actions.
3. I will tell the truth.
4. I will not take drugs.
5. I will not steal.
6. I will not be violent.
7. I will abide by the Code of Student Conduct, and I agree that I can be punished under the Code of Student Conduct and the policies of the Holmes County School Board.

Student Signature **Date**

Parent/Guardian Signature **Date**

* Section 1003.31, Florida Statutes