



## Holmes District School Board

701 East Pennsylvania Avenue  
Bonifay, FL 32425

TEL (850) 547-9341  
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### Holmes District Insurance, Emergency Treatment & Permission 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 and obedient unless asked to do wrong.*
- 2 *I will not hurt another person with my words or my acts, because it is wrong to hurt others.*
- 3 *I will tell the truth because it is wrong to tell a lie.*
- 4 *I will not steal because it is wrong to take someone else's property.*
- 5 *I will respect my body, and not take drugs.*
- 6 *I will show strength and courage, and not do something wrong, just because others are doing it.*
- 7 *I pledge to be nonviolent and to respect my teachers and fellow classmates. \**
- 8 I will abide by the Student Code of Conduct and I agree that I can be punished under the Student Code of Conduct and the policies of the Holmes District School Board.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\* Section 1003.31, Florida Statutes