



Continuing & Community Education

Bradenton 941-752-5203
Lakewood Ranch 941-363-7000
Venice 941-408-1412

scf.edu/CCD

MEDICAL RELEASE

Student's Name _____ Date of Birth _____

Address _____

Parent or Guardian _____

In case of emergency notify _____

Phone (work) _____ Phone (home) _____

Dates attending SCF _____

Physician _____ Phone _____

The Corporate & Community Development of SCF requires that an Emergency Medical Release form be signed for each child attending Corporate & Community Development programs. The parent or legal guardian of the child must sign the form.

In an emergency requiring medical attention, I authorize the representatives of SCF to obtain and give consent to administration of whatever treatment is deemed necessary, including but not limited to, the administration of an anesthetic and surgery. I do hereby release SCF and its representatives from any and all claims, which may arise from said representatives obtaining and consenting to medical treatment. I also authorize minor first aid as needed for my child.

Does your child have any medical problems of which we should be aware? Yes No

If yes, explain _____

List any drugs your child is allergic or sensitive to _____

List any medications your child is currently taking _____

List any bites or stings your child is allergic or reactive to _____

List any special needs your child might have _____

I hereby grant permission for _____ to drop off _____

Or pick up _____ in my absence

Parent/Guardian Signature _____ Date _____

Return this form to Corporate & Community Development · State College of Florida · P.O. Box 1849 · Bradenton, FL 34206

RELEASE FOR PHOTOGRAPH/VIDEO/VOICE USE ON BACK

STATE COLLEGE OF FLORIDA SARASOTA-MANATEE

5840 26th Street West, Bradenton, FL 34207
8000 S. Tamiami Trail, Venice, FL 34293
7131 Professional Pkwy Sarasota, FL 34240

941-752-5000
941-408-1300
941-363-7000

RELEASE FOR PHOTOGRAPH/VIDEO/VOICE USE

I hereby grant State College of Florida, their legal representatives and assigns, the right and permission to publish, without charge, and use photographic pictures, broadcast videotaped or filmed footage, including audio of my child taken during Kids Summer Spectrum classes held during _____.

These pictures/video/audio may also be used in any medium for purposes of editorial use, advertising, display, reproduction, or publication in any other manner. I hereby warrant that I (the undersigned parent/legal guardian) am over 18 years of age and am competent to contract in my own name insofar as the above is concerned.

Please print Name of Child or Student:

Please print Name of Parent or Legal

Guardian:: _____

Signature of Parent or Legal Guardian: _____ *Date:* _____

Address: _____

City: _____

Phone: _____

e-mail: *(optional)* _____