

**LAKE HOWELL HIGH SCHOOL SILVER REGIMENT
MEDICAL and SURGICAL RELEASE**

The patient and others whose signatures appear below do hereby consent to any and all Medical and Surgical treatments including anesthesia and operations which may be deemed advisable by attending physician and/or surgeon.

The intention hereby being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary .

I/We also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patient's discharge.

In witness of my/our consent and agreement to matters stated in the three preceding paragraphs, I/We have subscribed my/our signature(s)

**--- ONLY ONE SIGNATURE (EITHER FATHER OR MOTHER) IS REQUIRED
--- DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY
--- IDENTIFICATION IS REQUIRED (DRIVER LICENSE, VOTER REGISTRATION, ETC.)**

(MINOR) PATIENT
PLEASE PRINT Band Student's Full Name

Father's Signature

Mother's Signature

Date: _____

STATE OF FLORIDA)
COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires _____