
School Name
AFFIDAVIT, MEDICAL RELEASE OF LIABILITY & INDEMNIFICATION

STUDENT NAME: _____ DOB _____
HOME ROOM: _____ TEACHER: _____
MEDICAL CONDITION REQUIRING CARE: _____
MEDICAL CARE NEEDED: _____

1. I, the undersigned parent/legal guardian of the above student, who is currently enrolled in School Name, attest that it is or may be necessary for the minor student to have a medical procedure performed during school hours
2. I attest that I have attached a copy of a physician's order for this procedure.
3. I am aware that the school does not employ qualified medical personnel. I request that this procedure be administered by _____ ("Designee") who has been instructed in the performance of this procedure. I understand that there are certain risks in allowing Designee to administer and I consent and assume those risks. I hereby release, discharge and covenant not to sue the Bishop of the Diocese of St. Petersburg, individually and as a corporation sole, the Diocese, the above referenced school, their respective clerics, employees and agents (hereinafter Releasees) from any claim, demand, action or liability whatsoever, in any way related to the administration of the medical procedure referenced herein, and further agree to indemnify and hold them harmless from any loss, liability or damage they may incur incident to the administration of the medical procedure, whether caused in whole or part by the ordinary negligence of Releasees or otherwise.
4. I agree that if any special equipment is needed to perform this procedure, it will be maintained by me or Designee; delivered to the school in working order as often as needed, and that school personnel shall have no responsibility for the maintenance or delivery of any special equipment.
5. In the absence of trained personnel, and in an emergency situation, I understand 911 may be called on behalf of the student to deal with any urgent medical issues that arise.

Parent/Guardian Signatures: _____ / _____
Address: _____ Phone(s): _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ who [] is personally known to me, or [] who produced the following as identification _____.

(SEAL)

Signature of Notary Public

Typed or printed name

Commission No. _____