

**STUDENT MEDICAL RELEASE FORM FOR CURRICULAR PARTICIPATION IN CAREER AND
TECHNICAL EDUCATION (CTE) PROGRAMS**

School _____ CTE Program _____

School Year _____

Name of Student (Please print) _____

Address _____

Home Phone (____) _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Parent's Work Phone (____) _____ - _____ Other Emergency Phone (____) _____ - _____

This agreement to participate in activities and/or curriculum sponsored by Brevard County schools is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County and the school. It is understood that each student will be given proper instruction, both in relation to the use of tools and equipment and in correct safety procedures, before being permitted to operate any tools or machinery alone.

The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a curricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any CTE program with inherent medical risks.

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.
2. I/We will assume the liability during the entire course of the student's participation in the CTE Program and will indemnify and hold the School Board of Brevard County harmless for any injury, accident, or property loss involving the student.
3. I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost, stolen, or damaged.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or participation. I/We also agree that the expenses for such transportation and treatment shall not be borne by the School District or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to operate and use all tools, machines and equipment necessary in carrying out the requirements of the course in which he/she is enrolled. This statement remains in effect until the end of this school year unless canceled by me/us in writing to the school.

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Student Commitment

_____ I will not use any machine unless I have been fully instructed on its use and have achieved a score
Initials of 100% on the written and/or performance evaluation for that machine

_____ I will follow all safety rules and guidelines for the Career & Technical Laboratory and any time I am
Initials participating in CTE activities or events

_____ I will not use a machine or tool without prior permission from my teacher each and every time.
Initials

_____ I will advise my teacher if I am unwell, taking any medication, or under the influence of any drug that
Initials may affect my ability to concentrate or focus on tasks or activities.

_____ I will report any accident or injury, whether it involves me or another student, immediately to the
Initials teacher

Student Signature

Parent/Guardian Signature

Date

Parent/Guardian Signature