

The Beverly Institute, Inc.

E-Learning Center for Florida Virtual School

"Changing the Way School is Done!"

Medical Authorization, Emergency Information, and Authorized Pick up Persons Form

School Year: _____

Student Name: _____

MEDICAL AUTHORIZATION

I authorize or any of its agents to dispense medicine to my child if needed. This includes Tylenol, Motrin, Tums, Mylanta, Pepto Bismol, Neosporin and other basic over-the-counter medications including the use of alcohol, peroxide, first aide cream, etc.

I understand that I must leave any medicine that my child must take with the Beverly Institute and not in my child's possession. I also understand that I must include written, signed instructions on when and how the medication should be administered. I agree to hold The Beverly Institute and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the Center or any agent thereof because of any injury or alleged injury to my child which results from dispensing of said medicine unless said injury was willful or negligent. Should legal action, for any reason, be taken against The Beverly Institute or any employee or agent thereof, on my child's behalf and the center or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that The Beverly Institute or its agent should incur to defend itself against such action.

MY CHILD HAS THE FOLLOWING ALLERGIES OR SPECIAL MEDICAL CONDITION (S):

Parent/Guardian's Signature: _____

Date: _____

EMERGENCY INFORMATION AND AUTHORIZED PICKUP PERSON(S)

Person to contact, if parent/guardian cannot be reached:

(1) Contact Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Work Number: _____

(2) Contact Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Work Number: _____

(3) Contact Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Work Number: _____

Parent/Guardian's Signature: _____

Date: _____