

Student ID #: \_\_\_\_\_

# LAKE HOWELL HIGH SCHOOL

Mr. Michael Kotkin – Principal  
4200 Dike Road, Winter Park,  
FL 32792

## RELEASE FROM LIABILITY

**This form is to be completed by a legal parent/guardian and notarized.**

I hereby consent for \_\_\_\_\_ to participate in all Student Government-related activities including, but not limited to off-campus lunch, Powder Puff, dodgeball, Faculty vs Student basketball, and any other event at the aquatic center. In the case of injury to the above name student I will not hold the school, sponsor, and/or chaperone responsible. I understand that all responsible precautions will be taken to prevent injury.

Whenever injury and/or sickness occurs to the student listed above and the student is under the supervision of Lake Howell High School and the student's parent or guardian is not available to give his/her personal permission for treatment, the student and other 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 the attending physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the student's care be deemed advisable or necessary. We also agree that the student when admitted is to remain in the hospital until the attending physician recommends the student's discharge.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Cell Phone**

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (F.S. 695.25)** No. 5181

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date)  
by \_\_\_\_\_, who is personally known to me  
(Name of person acknowledging)  
or who has produced \_\_\_\_\_  
(Type of identification)  
as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Signature) Notary Public, Commission No. \_\_\_\_\_

(SEAL ABOVE) \_\_\_\_\_ (Name of Notary typed, printed or stamped)

**ATTENTION NOTARY:** Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

**THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:**

Title or Type of Document \_\_\_\_\_  
Number of Pages \_\_\_\_\_ Date of Document \_\_\_\_\_  
Signer(s) Other than Named Above \_\_\_\_\_

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