



## Notice of Limited Liability Pursuant to Section 1012.965, Florida Statutes

I acknowledge on behalf of my child and/or my ward that I have been notified that:

1. All or part of the medical care and treatment that my child and/or my ward receive at Nemours Children's Clinics may be provided by:

University of Florida (UF) health care providers;  
University of South Florida (USF) health care providers;  
Florida State University (FSU) health care providers;  
University of Central Florida (UCF) health care providers; and/or,  
University of North Florida (UNF) health care providers

These health care providers, referred to collectively as "UF/USF/FSU/UCF/UNF health care providers", are employees or agents of the University of Florida Board of Trustees, the University of South Florida Board of Trustees, the Florida State University Board of Trustees, the University of Central Florida Board of Trustees, or the University of North Florida Board of Trustees. UF/USF/FSU/UCF/UNF health care providers are **not** employees or agents of The Nemours Foundation which does business as Nemours Children's Clinic.

2. The medical care and treatment provided by UF/USF/FSU/UCF/UNF health care providers at Nemours Children's Clinics is pursuant to an affiliation agreement whereby The Nemours Foundation provides to each of the university board of trustees a clinical setting for health care education, research and/or service; and
3. **Liability**, if any, that may arise from the care provided by these UF/USF/FSU/UCF/UNF health care providers **is limited** as provided by law. The law provides that "neither the state nor its agencies and subdivisions shall be liable to pay a claim or judgment by any one person which exceeds the sum of \$200,000 or any claim or judgment, or portions thereof, which, when totaled with all other claims or judgments paid by the state or its agencies or subdivisions arising out of the same incident or occurrence, exceeds the sum of \$300,000" (Section 768.28(5), Florida Statutes).

Parent: \_\_\_\_\_

Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date