

SCHOOL BAND PERMISSION for MEDICAL TREATMENT and TRANSPORTATION

This document will be taken on all band trips and functions. It is the responsibility of the parent to see this properly executed and returned to the band room.

I/we, the undersigned, being the parent, legal next of kin, or legal guardian of:

(Student's Name)

(Birth Date)

Hereby give my son/daughter permission to travel with The Seminole High School Band on all trips and functions during the year. I/we also authorize emergency medical treatment for this person throughout the school year of 2009-2010. I/we acknowledge the liability for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered on behalf of my/our child as a result of injury or sickness. I/we will assume financial responsibility for the incurred expenses through the insurance company listed below.

Insurance Company

Name of Student's Physician

Policy Number

Insurance Company's Phone

Address

Student's Social Security Number

Address

Allergies/Medical Information/Medication

Parent's Name (please print)

Home Address City, State Zip Code

Home Phone

Work/cell Phone (His)

Work/cell Phone (Hers)

TO BE COMPLETED IN THE PRESENCE OF THE NOTARY:

Subscribed and Sworn to Before Me

This _____ day of _____ 20_____

Parent Signature

Notary Public State of Florida at Large

My Commission Expires: _____

Date of Notarizing