Student Log # _____

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 **2011-2012**. 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 Physician's Phone Number

_____ _____
Address Insurance Company's Phone

_____ _____
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