



# Seminole High School Band

The Pride of the Tribe

## SHS 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/guardian to see this is properly executed and returned to the band office.

We, the undersigned, being the parent, legal next of kin, or legal guardian of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Name Student's Birth Date

I 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 **2018/2019** school year.

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.

**Does Student have Insurance: (Please Circle) Yes or No**

\_\_\_\_\_  
Primary Insurance Company (Primary) Insurance Policy # (Primary) Insurance Co Telephone

\_\_\_\_\_  
Secondary Insurance Company (if applicable) (Secondary) Insurance Policy # (Secondary) Insurance Co Telephone

\_\_\_\_\_  
Student's Physician Physician's Telephone

Allergies/Medical Information/Medications: \_\_\_\_\_

**Emergency Contact Information** (Note: Name & Address must match ID for notarization)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Home Address City, State Zip

\_\_\_\_\_  
Home Phone Cell/Work Phone (Primary) Cell/Work Phone (Secondary)

**DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY (We cannot accept this form if it is signed before you bring to the notary)**

\_\_\_\_\_  
Parent/Guardian Signature Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_

Signature of Notary Public - State of Florida: \_\_\_\_\_

