



SEMINOLE HIGH SCHOOL
Pride of the Tribe

SHS BAND PERMISSION for MEDICAL TREATMENT and TRANSPORTATION

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

Student's Name _____ Student's Birth Date _____

Hereby give my child permission to travel with **The Seminole High School Band** during the 2023-2024 school year. By signing below, I/we agree that the SHS Band directors shall have full authority to take action they deem necessary to safeguard the health, safety, and well-being of this student while said student is under their supervision. Such authority shall include authorization to, when necessary:

- Administer treatment, first aid, and medications
- Secure medical treatment (including surgery) from local medical personnel and medical institutions, and/or
- Send student home for treatment

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 all 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 _____

Allergies (List all that apply):

Food Allergies (list, describe reaction & treatment): _____

Medication (list, describe reaction & treatment): _____

Insect bites/stings (list, describe reaction & treatment): _____

Chronic/Recurring Illness (List all that apply, as well as emergency treatment which may be necessary):

Medication (Please list any that student will be bringing with them to band events):

Any prescription or nonprescription medication sent must include:

1. the original labeled container with student name and medication dose listed on the container
2. a copy of the prescription written by the doctor/a doctor's note with medication name and dosage clearly stated

Name of Medication	Dosage	When to Administer	Student Self Carry (Check here)

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)

STUDENT CODE OF CONDUCT CONTRACT

My signature verifies that I understand the conditions of participation in the SHS Band events and all related activities. Failure to comply with any of these conditions will result in immediate termination of my participation in current event, my parent/guardian will cover all resultant expenses to return and acknowledge that no refunds will be granted.

1. I may not have in my possession or consume any alcoholic beverages, controlled substances or possess weapons of any kind.
2. I must not damage or destroy any property or be the cause of any vandalism associated in any manner with the SHS Band. I understand that my parent/guardian and I will be financially responsible for any damages I may incur.
3. I will not hold the SHS Band or SCPS responsible for any lost or stolen articles.
4. I will refrain from using vulgar, inappropriate language or behavior or participate in discourteous behavior at any time during this school year when I am wearing my band uniform or while performing any activities associated with SHS Band/Pride of the Tribe, Seminole High School, or Seminole County Public Schools.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

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: _____

