

SEMINOLE COUNTY BAND
MEDICAL AND TRAVEL FORM 2011 - 2012

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

(Student's Name)

(Birth Date)

Hereby give my son/daughter permission to travel with the Lyman High School Band. I also authorize emergency medical treatment for this person beginning June 1, 2011 and continuing through June 1, 2012. I/We acknowledge the liability for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered for/or 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

Students Physician's Name

Policy Number

Phone

Insurance Address

Student Social Security Number

Allergies/Medical Information/Current Medications

Parents (or Guardian Name) (please print)

Home Address City, State, Zip Code

Home Phone Work Phone (His) Work Phone (Hers)

Cell Phone (His) Cell Phone (Hers) Other

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

Scribed and Sworn to Before Me this _____ day of _____, 2011.

Parent Signature _____

Notary Public State of Florida at Large

Notary Signature