

SEMINOLE COUNTY BAND MEDICAL AND TRAVEL FORM

Lyman High School Band Trip

Atlanta, Georgia

December 28, 2007 – January 2, 2008

I, the undersigned:

_____ Chaperone Name

_____ Birth Date

will be traveling with the Lyman Band to Atlanta, Georgia, December 28, 2007 through January 2, 2008. I authorize emergency medical treatment for myself beginning December 28, 2007 and continuing through January 2, 2008. I acknowledge the liability for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered for/or on my behalf as a result of injury or sickness. I will assume financial responsibility for the incurred expenses through the insurance company listed below.

_____ Insurance Company

_____ Physician's Name

_____ Policy Number

_____ Phone

_____ Chaperone Social Security Number

Allergies/ Medical Information/ Medication (Be as specific as possible. Add additional pages if necessary.)

Emergency Contact Name Relationship Phone

Subscribed and Sworn to Before Me

This _____ day of _____ 20 _____

_____ Parent Signature

_____ Notary Public State of Florida at Large

_____ Date

_____ Commission Expires

Chaperone Name: _____

MEDICAL CONDITIONS TO BE AWARE OF:

MEDICATION ALLERGIES:

FOOD ALLERGIES:

SPECIAL DIET NEEDS:

OTHER: