

SEMINOLE COUNTY BAND MEDICAL AND TRAVEL FORM

Lyman High School Band Trip

Washington, D.C.

April 6, 2010 – April 11, 2010

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 Band to Washington, D.C., April 6, 2010 through April 11, 2010. I also authorize emergency medical treatment for this person beginning April 6, 2010, and continuing through April 11, 2010. I/we acknowledge the liability for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered for/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

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)

Emergency Contact Name (Other than Parent/Guardian) Relationship

Phone

Parent/Guardian will be traveling to Washington, D.C. Yes No

Medication or Food Allergies: NONE

INHALER / EPINEPHERINE

Yes, my child must carry an inhaler at all times.

Yes, my child must carry epinepherine at all times.

TYLENOL / ADVIL / IMODIUM / EMETROL / PEPTO-BISMOL

YES, administer these medications without calling me.

NO, call me before administering these medications.

Subscribed and Sworn to Before Me

This _____ day of _____ 20____

Parent Signature

Notary Public State of Florida at Large

Date

Commission Expires