

**SEMINOLE COUNTY BAND**  
**MEDICAL AND TRAVEL FORM 2009-2010**  
**PLEASE PRINT INFORMATION**

I/We, the undersigned, being parents, 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** on all trips and functions during the year. I also authorize emergency medical treatment for this person beginning June 1, 2009 and continuing through June 1, 2010. 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

\_\_\_\_\_ Student's Physician's Name

\_\_\_\_\_ Policy Number

\_\_\_\_\_ Physician Phone Number

\_\_\_\_\_ Insurance Company Address

\_\_\_\_\_ Student Social Security Number

\_\_\_\_\_ Allergies/Medical Information/Current Medications

\_\_\_\_\_ Parent/Guardian(s) Name (s) (Please Print)

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

\_\_\_\_\_ Home Phone Work Phone (His) Work Phone (Hers)

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.

Subscribed and Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Parent Signature \_\_\_\_\_

Notary Public State of Florida at Large

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Notary Signature