

SEMINOLE COUNTY BAND
MEDICAL AND TRAVEL FORM
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 3, 2008 and continuing through June 2, 2009. 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 _____, 2008.

Parent Signature _____

Notary Public State of Florida at Large

Notary Signature