

**SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA**  
**SCHOOL BAND MEDICAL AND TRAVEL RELEASE AND CONSENT**

STUDENT NAME: \_\_\_\_\_  
Last First MI Birth date

*I/We* hereby give my *son/daughter* permission to travel with the Oviedo High School Band/Visual Ensemble/Winterguard on all trips and functions during the year. *I/We* hereby authorize emergency medical treatment for this person for the period starting July 1, 2019 and continuing through June 30, 2020. *I/We* acknowledge that the Seminole County Public Schools, Florida is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of *my/our* son/daughter as a result of injury or sickness. *I/We* understand that if *my/our* son/daughter is injured or becomes sick, Seminole County Public Schools, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida. *I/We* will assume financial responsibility for the incurred expenses through the insurance company listed below.

Allergies/Medical Information/Medication: \_\_\_\_\_

<u>MEDICAL/ PHYSICIAN INFORMATION</u>	
Medical Insurance Co.: _____	Policy / Group #: _____
Insurance Co. Address: _____	
Insurance Co. Telephone Number: _____	
Student's Physician: _____	Physician Phone Number: _____

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Home Telephone Number: \_\_\_\_\_

Father/Guardian Emergency (work/cell) Telephone Number: \_\_\_\_\_

Mother/Guardian Emergency (work/cell) Telephone Number: \_\_\_\_\_

This document will be taken on all band/visual ensemble/Winterguard trips and functions. It is the responsibility of the parent/guardian to see that this form is properly executed and returned to the Band Director.

**Forms notarized prior to July 1, 2019 will not be valid due to Seminole County School Board regulations.**

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

Subscribed and Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

Notary Public State of Florida at Large

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