

NOTORIZE & RETURN FORM TO BAND OFFICE

VERO BEACH HIGH SCHOOL
BAND PARTICIPATION / MEDICAL PERMISSION FORM

STUDENT NAME _____ AGE _____

ADDRESS _____ DATE OF BIRTH _____

PHONE # _____ SOCIAL SECURITY # _____

PARENT OR LEGAL GUARDIAN NAME(S) WORK PHONE #(S)

I, the undersigned parent or legal guardian of _____
Grant full permission to any physician or hospital to take any action deemed
necessary in case of an accident or illness.

I, the undersigned parent of legal guardian have read and understand all policies
as set forth in the Vero Beach High School Band Handbook. I grant full
permission for my child to be an active member of the Vero Beach High School
Band and to attend all required band functions.

(PARENT OR GUARDIAN SIGNATURE) (DATE)

In Case of Accident or Illness notify:

NAME _____ PHONE _____

NAME _____ PHONE _____

List any prescriptions or medications your child takes on a regular basis:

List any medications that your child is allergic to:

List any special medical condition(s), allergy, or other problems your child may
have: _____

Physician Name _____ Phone _____

INSURANCE COMPANY _____

POLICY # _____ PHONE # _____

*****PLEASE ATTACH A COPY OF YOUR INSURANCE CARD*****

I the undersigned parent or legal guardian of _____
DO___ / ___DO NOT grant full permission for "over the counter"
medications (such as Tylenol, Benadryl, Advil, Tums, and others of this nature)
to be given to my child as deemed necessary. This will be handled according to
school district policy under the supervision of the band director or designee.

(PARENT OR GUARDIAN SIGNATURE) (DATE)

NOTARY STATEMENT...

Page 1 and 2 of this document...
Sworn to and Subscribed before me this _____ day of _____ 20____;

NOTARY PUBLIC / STATE OF FLORIDA

SEAL OF NOTARY

My Commission Expires: _____