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

STUDENT NAME:

Last

MI

Birth date

L/We hereby give my *son/daughter* permission to travel with the Oviedo High School Band/Visual Ensemble/Winter Guard on all trips and functions during the year. *L/We* hereby authorize emergency medical treatment (including first aid and CPR) for this person for the period starting May 1, 2024 and continuing through May 30, 2025. *L/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. *L/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:

First

MEDIC	AL/ PHYSICIAN INFOR	MATION	
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) Teleph	one Number:		
Mother/Guardian Emergency (work/cell) Teleph	none Number:		
This document will be taken on all band/visu parent/guardian to see that this			
Forms notarized prior to May 1, 2024 we regulations.	ill not be valid due to Se	eminole County S	school Board
Parent Signature			
Sworn to (or affirmed) and subscribed by person, 2024, by		y physical presence t	his day of
Notary Public State of Florida at Large			
N	My Commission Expires:		
Notary Signature			