

# AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT

For Pace High School Band Students – 2010-2011 school year

**THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED BY SEPTEMBER 1, 2010!**

(I, We) the undersigned parent(s) or legal guardians of \_\_\_\_\_ (*student's name*), who is a minor, do hereby authorize Stephen Shell, Principal, Pace High School, Pace, Florida, or his appointed representative(s), (faculty members) to have custody and control of the said minor whatever portion of time is necessary for departure and return for Pace High School trips. (I, We), specifically authorize the said school employees, or their appointed representative(s), to obtain any and all medical treatment in the event the said action becomes necessary, including but not limited to engaging a physician and/or a hospital to provide medical services.

I understand that every effort will be made to contact a parent/guardian of said minor, using the information provided below. I understand that the undersigned parent/guardian of said minor will cover the costs of any hospitalization and/or medical treatment incurred. I also grant permission to the appropriate personnel to dispense over-the-counter medications to said minor for minor aches, pains, and illnesses while in their care during after-school, out-of-school hours.

**To (our, my) knowledge the said student is allergic to, or should not take, the following medications:**

\_\_\_\_\_

**Medications presently taking on a regular basis:**

\_\_\_\_\_

**Medical conditions that may require special consideration:** (i.e. diabetes, insect bites, seizures, asthma, contact lenses, glasses, hearing aid)

\_\_\_\_\_

## **INSURANCE / OTHER INFORMATION**

***PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM! (Please copy front and back sides if two sided)***

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Student's Birthday \_\_\_\_\_

Deductible Amount for Emergency Treatment \$ \_\_\_\_\_ Date of last tetanus shot? (if known) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Family Doctor \_\_\_\_\_ Office # \_\_\_\_\_

## **CONTACT INFORMATION**

Student's Home Address: \_\_\_\_\_ City/St. \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Father's/Guardian's Name (Please print) Home Phone # Work Phone # Alt. Phone #

\_\_\_\_\_  
Father's Occupation Place of Employment \_\_\_\_\_

\_\_\_\_\_  
Mother's/Guardian's Name (Please print) Home Phone # Work Phone # Alt. Phone #

\_\_\_\_\_  
Mothers' Occupation Place of Employment \_\_\_\_\_

**Alternate Emergency Contact Person** Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Numbers in order of reliability \_\_\_\_\_

**RELEASE OF LIABILITY, INDEMNITY AND HOLD HARMLESS AGREEMENT**

As parent(s) and/or lawful guardian(s) of my child \_\_\_\_\_, I (we), the undersigned, hereby release and agree to hold harmless and indemnify the Santa Rosa County School District, Stephen Shell, Jarod Leddy, Anthony Denaro, Amanda Leddy, Rebecca Belveal, Rachel Belveal, William Shaner, David Riggs, and any other person(s) who are employed by the Santa Rosa County School District or Pace High School Band as faculty/educators, as well as any other persons(s) who have agreed to volunteer and serve as chaperones, or provide services of any kind in connection with the Pace High School Bands. I (we) further agree and understand that the Santa Rosa County School District, the above named persons, and any other person(s) who provide services in connection with the Pace High School Bands are not responsible for any injuries or accidents that may occur while my child participates in any and all band activities and I (we) agree not to bring any type of legal or equitable action of any type against the Santa Rosa County School District, the above named persons, or any other person(s) who provide services of any kind in connection with the Pace High School Bands.

This Release of Liability, Indemnity and Hold Harmless Agreement is entered into on this the \_\_\_\_\_ day of \_\_\_\_\_, 2010..  
(date) (month)

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

(at least one signature required)

**ALCOHOL/TOBACCO USE INTOLERANCE**

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

I understand that the above mentioned student has been advised that there will be no use of, or participation under the influence of, tobacco products, drinking of alcoholic beverages, or other activities that are against school rules while a participant on the Pace High School Band activities/trips. They are advised that if such activities occur, strict disciplinary actions according to the SRCSD Student Code of Conduct will be followed.

**SWIM PERMISSION / NON-PERMISSION**

My child, \_\_\_\_\_, IS \_\_\_\_\_ or IS NOT \_\_\_\_\_ a swimmer, and DOES \_\_\_\_\_, or DOES NOT \_\_\_\_\_ have permission to swim at activities in which the Pace High School student may participate. **Initials** \_\_\_\_\_

**BAND STUDENT PHONE BOOK PERMISSION / OPT-OUT**

A band phonebook of enrolled students will be published for the 2010-2011 school year and distributed to all students enrolled in the Pace High School Band. **Only the number(s) provided below will be published in the book.**

*This resource is being compiled to assist students/parents in better communication with student/parent leaders, helping to facilitate transportation needs, distributing important information, etc.*

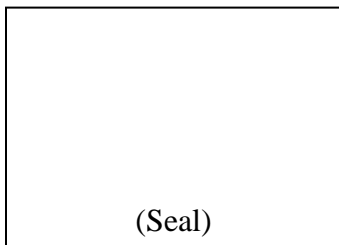
Student Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**-OR-** \_\_\_\_\_ I would prefer that my student's contact information NOT appear in the band phone book.

**I AFFIRM THAT THE INFORMATION GIVEN ON THESE FORMS IS TRUE AND CORRECT.**

Date \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent(s) or Guardian(s)**



\_\_\_\_\_  
Notary Public, State of Florida-at-Large

Identification \_\_\_\_\_

Type of ID \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_