

MEDICAL WAIVER:

SCHOOL YEAR: _____

PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES. THIS INFORMATION IS VITAL TO THE SAFETY OF OUR BAND MEMBERS! **PLEASE NOTE:** YOUR COOPERATION IN THE COMPLETION OF THIS FORM WILL FACILITATE ANY MEDICAL TREATMENT THAT MAY BE REQUIRED FOR A MEMBER OF THE SOUTH LAKE HIGH SCHOOL BAND. LOCAL HOSPITALS WILL NOT PROVIDE TREATMENT FOR ANY BAND MEMBER WHO DOES NOT HAVE A COMPLETED MEDICAL WAIVER ON FILE WITH THE DIRECTOR'S OFFICE.

BAND NAME: SOUTH LAKE HIGH SCHOOL SCREAMING EAGLE BANDS
SCHOOL: SOUTH LAKE HIGH SCHOOL
ADDRESS: 15600 SILVER EAGLE ROAD, GROVELAND, FLORIDA 34736

I, THE UNDERSIGNED, BEING THE PARENT, LEGAL NEXT-OF-KIN, OR LEGAL GUARDIAN OF _____ HEREBY AUTHORIZE ANY NECESSARY MEDICAL TREATMENT FOR THIS PERSON WHILE PARTICIPATING IN ALL BAND ACTIVITIES. I ALSO GUARANTEE PAYMENT OF ALL CHARGES INCURRED AS A RESULT OF THIS MEDICAL TREATMENT (PHYSICIAN, HOSPITAL, X-RAY, DRUGS, AMBULANCE, ETC.)

IN REGARD TO THIS BAND MEMBER, I SUBMIT THE FOLLOWING INFORMATION:

- ALLERGIES TO FOODS, MEDICATIONS, INSECT STINGS, ETC. (STATE IF NONE):

- SPECIAL MEDICAL PROBLEMS (STATE IF NONE):

- DOES PARTICIPANT CARRY ANY MEDICATIONS WITH THEM?
IF SO, LIST WHAT THE MEDICATIONS ARE AND THEIR PURPOSE (STATE IF NONE):

MED _____ PURPOSE _____

MED _____ PURPOSE _____

- DATE OF LAST TETANUS SHOT: _____

- FAMILY PHYSICIAN: _____

OFFICE ADDRESS: _____

PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ E-MAIL: _____

OUR INSURANCE CARRIER: _____

POLICY NUMBER: _____

NAME ON POLICY: _____

ACTIVITY: ALL BAND ACTIVITIES, ON CAMPUS ACTIVITIES, FIELD TRIPS, FESTIVALS, GAMES, OF CAMPUS PERFORMANCES AND ACTIVITIES.

MEDICAL WAIVER (CONTINUED):

I, THE UNDERSIGNED, STATE THAT THE INFORMATION PROVIDED IN THIS MEDICAL WAIVER IS TRUE TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE: _____

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WITNESS SIGNATURE: _____

RELATIONSHIP OF WITNESS: _____

NOTARY INFORMATION:

BEFORE ME APPEARED _____, A PERSON KNOWN TO ME, OR WHO PRODUCED A FLORIDA DRIVERS LICENSE. NO OATH WAS TAKEN.

APPEARANCE DATE: _____

NOTARY SIGNATURE: _____

NOTARY PRINTED NAME: _____

COMMISSION EXPIRATION DATE: _____