

LMHS Band Student SCPS Medical & Travel Form, 2024-2025

This document will be taken on all trips and band functions. **It is the responsibility of the parent to see this is properly executed and returned to Mr. Langston by July 29, 2024.**

I/We the undersigned, being the parent, legal next-of-kin, or legal guardian of:

Student's Name (please print)

Birth Date

I/We hereby give my son/daughter permission to participate and travel with the Lake Mary High School Band and its components on all trips and functions during the year. I/We also authorize emergency medical treatment for this student beginning June 1, 2024 and continuing through May 31, 2025. I/We acknowledge the liability for medical expenses, hospital expenses, and/or other charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We will assume financial responsibility for the incurred expenses either personally or through the insurance company listed below. I/We understand that if my/our child 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.

Insurance Company

Name of Student's Physician

Policy number

Physician's Phone Number

Insurance Company Address

Allergies / Medical Information / Medications (Continue on back if necessary)

Parent/Legal Guardian(s) Name(s) (please print)

Student's Home Address City / State / ZIP Code

Student's Home Phone #

Student's Cell Phone #

Parent/Legal Guardian(s) Work Phone(s)

Emergency Contact Name (please print) / Relationship / Home & Cellular Phone

Subscribed and Sworn Before Me This _____ Day of _____, 2024

Notary Public State of Florida at Large

Parent Signature