

**Seminole County Marching Season
Band/Dance/Color Guard
Medical/Travel Release 2019-2020**

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

Student's Name _____ Birth Date _____

Hereby give my son/daughter permission to travel with the Lyman High School Band. I/we also authorize emergency medical treatment for this person beginning June 1, 2019 and continuing through June 1, 2020. I/We acknowledge the liability for medical expenses, hospital expenses or other such 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 through the insurance company listed below.

Insurance Company _____	Students Physician's Name _____	
Policy Number _____	Insurance Phone _____	
Insurance Security Address _____		
Allergies/Medical Information/Current Medications _____ _____		
My child has permission to carry an: INHALER Yes/No EPI PEN Yes/No		
Parents (or Guardian Name) (please print) _____		
Home Address City, State, Zip Code _____		
Home Phone _____	Work Phone (His) _____	Work Phone (Hers) _____
_____	_____	_____

This document will be taken on all band trips and functions. It is the responsibility of the parent/guardian(s) to see this document executed and returned to the band room.

Scribed and Sworn to Before Me this _____ day of _____, 2019.	
Parent Signature _____	
Notary Public State of Florida at Large	
_____ Notary Signature	_____ _____ _____