



TEAGUE MIDDLE SCHOOL BAND

SCHOOL BAND PERMISSION FOR MEDICAL TREATMENT

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

(Student's Name) (Date of Birth)

Herby authorize emergency medical treatment for this person beginning August 15, 2011 and continuing through June 1, 2012. I/we acknowledge the liability for medical expenses, hospital and 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 Name of Student's Physician

Policy Number Home Telephone

Address Student Social Security Number

Parent Cell Phone Number Parent Work Number

Allergies/Medical Information/Medications

Parent's Names (Please Print)

Home Address City/State/Zip

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 to see this properly executed and returned to the band office.

Subscribed and Sworn to Before Me

This _____ Day of _____ 2009.

Parent Signature

NOTARY PUBLIC SIGNATURE
State of Florida at Large
My Commission Expires: _____