

**PERMISSION and INSURANCE STATEMENT
J.P. TARAVELLA HIGH SCHOOL BAND**

_____, Birth date ____/____/____
(PRINT student name) month / date / year

is hereby granted permission by _____
(PRINT Parent/Guardian Name)

to participate in Band and all school-approved Band activities during the 2009-2010 school year.

I authorize my child to accompany the Band on local or out-of-town trips using school-approved transportation. I further authorize the school Band Directors or the sponsor/instructor(s) to obtain, through a physician of his or her choice, any emergency medical care that may become reasonably necessary for my child as a result of practice or performance participation. This includes any activity occurring on field trips and/or on-campus activities.

Furthermore, I/we authorize the school Band Directors or sponsor/instructor(s) to administer any of the following "over the counter" medications to my child during field trips and/or non-campus activities. (If you do not fill out any of the below, none will be allowed to be administered to your child).

____ Tylenol ____ Motrin/Advil/Ibuprofen ____ Bonine ____ Imodium ____ Aleve
____ Benadryl ____ Advil Sinus & Cold ____ Pepcid ____ Mylanta ____ Tums
____ Sudafed ____ Saline solution (eye wash) ____ Allergies medication _____
____ Neosporin ____ Saline wound wash solution

* Does your child have any allergies to generic meds? Yes No

We have medical insurance with: _____ Policy #: _____
(or photocopy card and attach) (name of insurance company)

Address: _____ City/State _____ Zip _____

____ I/we do not have medical insurance, however, I/we will pay any and all medical bills for emergency care of my child.

****If neither of the above is checked, this form is invalid, one or the other **must** be checked.

Our family physician is: _____ Phone: _____

Address: _____ City: _____ Zip _____

If you do not have a family physician, check here: _____

In regard to the above named student, I submit the following information:

1. Allergies to foods, medications, etc. ***If none, please write **NONE**

2. Special medical problems. ***If none, please write **NONE**.

3. Is student on any continuing medication (such as inhalers, etc.)? If so, please state and describe dosage required.

4. Date of last known tetanus shot _____ Physical Exam _____

I/we are also aware of day to day risks that are involved in extra and co-curricular participation, and will not hold The School Board of Broward County, J.P. Taravella High School, or individual directors and/or sponsors responsible for any injuries that may be sustained from participation.

Sign in the presence of a NOTARY:

Parent/Guardian signature: _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Address: _____ City _____ Zip _____

Emergency Contact: _____ Phone: _____

Do not fill in below this line. To be filled in by Notarizing Agent.

NOTARIZATION:

State of Florida, County of _____ Sworn to and subscribed before me this _____ day of

_____, 20____. **Notary Signature:** _____

Seal:

Activities covered under this Permission Form include **ALL** on-campus rehearsals and performances, plus:

Games: (Home Games are in **bold type**)

Sept. 3-Thurs. (**Cardinal Gibs**), Sept. 11-Fri. (Co. Creek), Sept. 17-Thurs. (**Ely**), Sept. 25-Fri. (**Coral Glades**), Oct. 1-Thurs. (Boyd Anderson), Oct. 9-Fri. (**Douglas**), Oct. 22-Thurs. (**Deerfield**), Oct. 29-Thurs. (Cypress Bay), Nov. 6-Fri. (Northeast), Nov. 13-Fri. (**C. Springs**)

Special Events:

Saturday, September 12- All State Auditions
Saturday, October 3 – Flanagan Marching Contest
Saturday, October 17 – Vero Marching Contest
Saturday, October 24 – FBA Marching MPA
Sunday, November 1 – Kings Pt. Concert (Jazz Band)
Wednesday, November 11 – Veterans Day Parade

Saturday, November 7 – Orchestra S&E
Thursday, December 3 – Pompano Beach Parade
Wednesday, December 16 – Coral Springs Winter Parade
Wed.-Sat., January 6-10 – All State (Tampa)
Fri.-Sat., February 19-20 – FBA District Solo & Ens. MPA
Fri., February 19 – FBA District Jazz MPA
Fri., February 26 – FOA District Orchestra MPA
Wed.-Sat., March 3-6 – FBA District Concert Band MPA
Mon-Wed., Mar. 29-31 – State Solo & Ens./Jazz MPA
Mon-Fri, April 19-23 – FOA Orchestra State MPA
Mon-Sat, April 26-30 – FBA State Band MPA
Monday, May 31 – Memorial Day Concert (WO)

All-County Orchestra – Nov. 3, 4, 10, 17, 18
All-County Jazz Band – TBA
All County Honor Band – TBA
Winter Guard shows (Saturdays, January through April)
Winter Guard Orlando Regional – Feb. 20
Winter Guard Ft. Lauderdale Regional – Mar. 6
Winter Guard Tampa Regional – Mar. 27
Winter Guard Nationals – April 1-5

*Activities off campus not listed will receive special permission forms prior to that activity

Please return this form on August 22.