

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 2011-2012 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:

Coral Glades High School
Coconut Creek High School
Blanche Ely High School
South Plantation High School
Stoneman Douglas High School
Coral Springs High School

Special Events:

All State Auditions
9/11 Remembrance Performance (Wind Orchestra)
Flanagan – Falcon Sound Marching Competition
Boca Cavalcade Marching Competition
FMBC State Marching Band Competition
FBA Marching MPA
Kings Pt. Concert (Wind Orchestra)
Veterans Day Parade
All-County Orchestra Events and Practices
All-County Jazz Band
All County Honor Band
Pompano Beach Parade
Coral Springs Winter Parade
All State (Tampa)
Orchestra S&E
FBA District Solo & Ens. MPA
FBA District Jazz MPA
FOA District Orchestra MPA
FBA District Concert Band MPA
State Solo & Ens./Jazz MPA
FOA Orchestra State MPA
FBA State Band MPA Monday
Memorial Day Concert
Winter Guard Shows (Saturdays, January through April)
Winter Guard Orlando Regional
Winter Guard Ft. Lauderdale Regional
Winter Guard Tampa Regional
Winter Guard Nationals

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

*For dates and times regarding the above listed events please see the calendar at www.jptmusic.org.

Please return this form by August 23.