

PERMISSION and INSURANCE STATEMENT
J.P. TARAVELLA HIGH SCHOOL ORCHESTRA

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

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

to participate in Orchestra and all school-approved Orchestra activities during the 2011-2012 school year.

I authorize my child to accompany the Orchestra on local or out-of-town trips using school-approved transportation. I further authorize the school orchestra director 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 orchestra director 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 ____ Aleve
____ Advil Sinus & Cold ____ Mylanta ____ Tums
____ I/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 _____

I/we are also aware of day to day risks that are involved in extra-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 (includes fall, winter & spring concerts)

All Honor Orchestra Opportunities (applicable students)

District Orchestra Festival (Spring, Date TBA)

State Orchestra Festival (Spring, Date TBA)

All District FOA Events (as shown on Official Web Calendar)

Various Field Trips and Activities (On-Campus and Off-Campus)

Please return this form no later than 8/26/2011.