



School District of Escambia County Florida Escambia High Band Authorization and Release



We, the undersigned, (signature on reverse side of form) grant permission for (**Print Student Name**):

LAST: _____ FIRST _____ Date of Birth _____
(the "Participant") to participate in the below described Activity for the entire School Year 2011 -2012.

We, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of permission for the Participant to be involved in the below designated Activity, do hereby release and agree to indemnify, defend, save and hold harmless The School District of Escambia County, Florida, its agents, servants, employees, and successors, from any and all responsibility and liability arising out of the Participant's involvement, directly or, in **THE ESCAMBIA HIGH SCHOOL BAND** (the "Activity") and from the administering of or obtaining of and consenting to first aid or medical care. We are fully aware of the hazards and dangers of participating in the Activity and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to Participant or our property resulting from such participation.

In the absence of one of the Participant's parents or guardians, we hereby authorize The School Board of Escambia County, Florida, its agent, servants, or employees, to administer first aid and to obtain and consent on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which may be needed by Participant as a result of involvement in the Activity. We agree to abide and be bound by such decisions and consents as if made by us and do assume full financial responsibility for and agree to pay all expenses of such care. We understand that it is our responsibility to secure adequate insurance for such first aid and medical care.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and /or hospitalization deemed necessary by emergency response or medical personnel. YOU MUST ALSO COMPLETE THE MEDICAL TREATMENT AUTHORIZATION PORTION OF THIS FORM, which will accompany the activity sponsor.

Medical Treatment Authorization Form 2011-2012

Parent/Guardian
Full Name: _____ Address _____ Zip _____

Home Phone(with area code): _____ Cell _____ Work _____

Person(s) to contact in case of emergency if parent cannot be reached

NAME _____ Relationship to Student _____

Home Phone (with area code): _____ Cell _____ Work _____

Name of Local primary physician _____ Dr, Phone _____

Medical Insurance Company and Policy Number _____

List Allergies: _____ Date of last Tetanus shot: _____

List Health conditions that may affect emergency treatment: _____

Medications taken routinely (**include inhalers for asthma**): _____

Provide a school district Authorization for Prescription Medication Form for each medication in the original, pharmacy labeled container – Obtain this from your physician, and have it on file at the school clinic.

Non-Prescription Medication Authorization: I signify by my initials each medication that may be administered to my child if needed. LIMITED TO:(Indicate which items are permissible by initialing blanks).

_____ Acetaminophen (Tylenol)
(initial)

_____ Ibuprofen
(initial)

_____ Calcium Carbonate Antacid (Tums/Rolaids)
(initial)

List any activities in which the student cannot participate

(or write NO RESTRICTIONS if applicable):_____

I have received a copy of the Escambia High School Band Handbook for 2010-2011. I have read and understand the Escambia Band policies and procedures. I agree that membership is a privilege earned by following the rules set forth by the Band Director.

I understand that if my child misses performances without a valid excuse, quits during the semester or is dismissed from the band for cause, they will earn a failing grade.

I agree to pay or fundraise the fees listed in the handbook and understand that my child will not be allowed to participate in trips and activities if they owe fees or trip money.

I agree to abide by this handbook and the decisions of the Directors while my student is a member in the Escambia Band, and approve of their participation in all band activities.

Authorization and Release:

I, the undersigned lawful parent/guardian of (Student name) _____, do hereby grant permission for my child to participate in the above listed activity. I do hereby release and agree to indemnify, defend, save, and hold harmless the School Board of Escambia County, FL, its agents, including Escambia County Health Department personnel, servants, employees, and successors, from any and all responsibility and liability arising out of my child's participation, directly or indirectly, in this activity, including travel to and from the event. I further release and agree to indemnify, defend, save, and hold harmless the School Board of Escambia County, FL, its agents, servants, employees, and successors, from any and all responsibility and liability arising out of the administering of first aid or obtaining and consenting to first aid or emergency medical care. I specifically acknowledge that I am responsible for all medical, surgical, and transportation costs if incurred by my child. I understand that the School Board, its employees or agents including the chaperones shall not be held liable for any personal injury or illness of my child.

Parent/Guardian Signature **Date**

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

NOTARY:

Signed before me this _____ day of _____ 20_____

_____ Identification

_____ Known by me

NOTARY STAMP

Signature of Notary