

**WINTER HAVEN HIGH SCHOOL BAND
2010 -2011 MEDICAL RELEASE & OFF CAMPUS SCHOOL ACTIVITY
PARENTAL/GUARDIAN CONSENT FORM**

Student's Full Name _____ Age _____ Sex _____

Home Address _____ Home Phone _____

City, State, Zip _____

School Year _____ Present Grade _____ Date of Birth _____

Parent/Legal Guardian _____ Work Phone _____

List the next person to be contacted in case of an emergency:

Name _____ Relationship to student _____

Home Phone _____ Work Phone _____

Medical Information: Please list any known allergic reactions (bees, ants, medications, etc.) Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, or any other medical condition you would like called to the school's attention. In addition, please list all medication in your child's possession.

I/We hereby grant permission for our child to participate with the Winter Haven High School Band in off-campus activities, and to make incidental stops enroute, and return when determined to be necessary or desirable. I/We understand that the method of transportation may be school bus, charter bus or private car.

I/We understand that under present law, if my child is riding in a passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I/we agree to submit any medical bills incurred to my insurance company for payment.

I/We consent to medical treatment and assume full responsibility and liability for any expenses, damages, accident, illness or medical expenses to my child or property resulting from such participation. I/We attest and affirm that the participant is physically fit and able to participate in this activity, and I/we have not been advised or informed by anyone to the contrary. (Any medical condition to the contrary is listed above.)

I/We will not hold the band director(s), the Winter Haven High School Band Boosters, Inc., Winter Haven High School, or the School Board of Polk County liable and/or responsible for any accident that is beyond their control.

Signature of Parent/Legal Guardian

Signed before me this _____ day of _____ 20 ____

Notary's Signature

Notary's Name (print)

My commission expires _____

(Place notary seal above.)