

AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT

For Pace High School Band Students – 2024-2025 school year

THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED BY TUESDAY JULY 11th, 2024!

(I, We) the undersigned parent(s) or legal guardians of _____ (*student's name*), who is a minor, do hereby authorize Stephen Shell, Principal, Pace High School, Pace, Florida, or his appointed representative(s), (faculty members) to have custody and control of the said minor whatever portion of time is necessary for departure and return for Pace High School trips. (I, We), specifically authorize the said school employees, or their appointed representative(s), to obtain any and all medical treatment in the event the said action becomes necessary, including but not limited to engaging a physician and/or a hospital to provide medical services.

I understand that every effort will be made to contact a parent/guardian of said minor, using the information provided below. I understand that the undersigned parent/guardian of said minor will cover the costs of any hospitalization and/or medical treatment incurred.

To (our, my) knowledge the said student is allergic to, or should not take, the following medications:

Medications presently taking on a regular basis:

Medical conditions that may require special consideration: (diabetes, insect bites, seizures, asthma, contact lenses, glasses, hearing aid)

INSURANCE / OTHER INFORMATION

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM! (Please copy front and back sides if two sided)

Insurance Company _____ Policy # _____

Policy Holder _____ Student's Birthday _____

Deductible Amount for Emergency Treatment \$ _____ Date of last tetanus shot? (if known) ____ - ____ - ____

Family Doctor _____ Office # _____

CONTACT INFORMATION

Student's Home Address: _____ City _____ Zip _____

Father's/Guardian's Name (Please print) Home Phone # Work Phone # Alt. Phone #

Father's Occupation Place of Employment _____

Mother's/Guardian's Name (Please print) Home Phone # Work Phone # Alt. Phone #

Mothers' Occupation Place of Employment _____

Alternate Emergency Contact Person Name _____ Relation _____

Phone Numbers in order of reliability _____

RELEASE OF LIABILITY, INDEMNITY AND HOLD HARMLESS AGREEMENT

As parent(s) and/or lawful guardian(s) of my child _____, I (we), the undersigned, hereby release and agree to hold harmless and indemnify the Santa Rosa County School District, Stephen Shell, Principal, Pace High School, Pace, Florida, his appointed representative(s), (faculty members), and any other person(s) who are employed by the Santa Rosa County School District or Pace High School Band as faculty/educators, as well as any other persons(s) who have agreed to volunteer and serve as chaperones, or provide services of any kind in connection with the Pace High School Bands. I (we) further agree and understand that the Santa Rosa County School District, the above named persons, and any other person(s) who provide services in connection with the Pace High School Bands are not responsible for any injuries or accidents that may occur while my child participates in any and all band activities and I (we) agree not to bring any type of legal or equitable action of any type against the Santa Rosa County School District, the above named persons, or any other person(s) who provide services of any kind in connection with the Pace High School Bands.

This Release of Liability, Indemnity and Hold Harmless Agreement is entered into on this the _____ day of _____, 2023.
(date) (month)

Signature of Parent/Guardian

Signature of Parent/Guardian

(minimum of one signature is required)

ALCOHOL/TOBACCO USE INTOLERANCE

Student's Name _____

I understand that the above mentioned student has been advised that there will be no use of, or participation under the influence of, tobacco products, drinking of alcoholic beverages, or other activities that are against school rules while a participant on the Pace High School Band activities/trips. They are advised that if such activities occur, strict disciplinary actions according to the SRCSD Student Code of Conduct will be followed.

SWIM PERMISSION / NON-PERMISSION

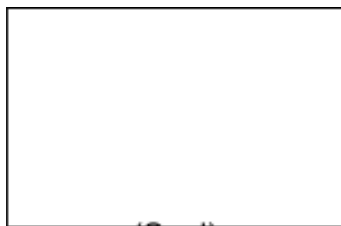
My child, _____, IS _____ or IS NOT _____ a swimmer, and DOES _____, or DOES NOT _____ have permission to swim at activities in which the Pace High School student may participate. Initials _____

Failure to submit this form will prevent the student from participating in any physical activity and/or traveling with the band.

I AFFIRM THAT THE INFORMATION GIVEN ON THESE FORMS IS TRUE AND CORRECT.

Date _____, 20_____

Signature of Parent(s) or Guardian(s)



(Seal)

Notary Public, State of Florida-at-Large

Identification _____

Type of ID _____

Commission Expiration Date _____