

Please print
Authorization and
Release
on (1) sheet of
paper, front and
back.

Escambia High Band Authorization and Release

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

LAST: _____ FIRST: _____ Birthdate: _____
(the "Participant") to participate in the below described Activity for the entire School Year 2009 -2010.

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 Board 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.

We understand that under present Florida law, if my child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

I, the parent/guardian of the Participant do hereby agree for this student to take trips under the sponsorship of Escambia High School Band and I do hereby release the Escambia County Board School Board and the sponsor of the trip of any responsibility in case of accident and do hereby agree that I will assume any expenses that are incurred in case of accident or illness while on the trip.

Information for 2009-10

Hospital Choice: _____

Doctor: _____

Medical Problems or allergies: _____

Medications taken routinely (include inhalers for asthma):

Insurance: _____ Policy Number _____

AFTER HOURS EMERGENCY CONTACTS:

NAME _____ PHONE _____ CELL _____

NAME: _____ PHONE _____ CELL _____

NAME: _____ PHONE _____ CELL _____

POWER OF ATTORNEY

I consent to the admission of (Student's Name)

LAST: _____ FIRST: _____ Birthdate: _____

and to such general and/or acute nursing care, medication, medical diagnostic tests, blood products and other general care determined to be necessary by the attending physician. I also realize that this consent applies to the use of emergency lifesaving procedures should such procedures prove necessary.

I further give permission for the Escambia Band Chaperone in charge on any given trip to dispense the following Over The Counter medications to my child if needed. (Indicate which items are permissible by initialing blanks).

_____ Acetaminophen (known as brand name "Tylenol)

(initial)

_____ Ibuprofen

(initial)

_____ Benadryl cream (external use only)

(initial)

_____ Pepto Bismol

(initial)

_____ Antacid (Tums/Rolaids)

(initial)

I have received a copy of the Escambia High School Band Handbook for 2009-2010. I have read and understand the Escambia Band policies and procedures. I agree that membership is a privilege, and 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 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.

PRINT Parent or guardian

PARENT OR GUARDIAN SIGNATURE (Must be signed in the presence of a notary public).

STATE OF FLORIDA :
COUNTY OF ESCAMBIA :

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____, who is personally known to me or who has produced
_____ as identification.

Name:
Notary Public of Florida
My Commission Expires:
My Commission No.:

FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.