



**Palmetto Ridge High School**  
**1655 Victory Lane**  
**Naples, FL 34120**  
**(239) 377-2400**

**Band Medical Release/Travel Consent Form**

Name of Band Student \_\_\_\_\_  
Address(Street, City, Zip) \_\_\_\_\_  
Student SS # \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_

**Medical History** (Current Problems, Physical Limitations, Illnesses (verified by physician))  
\_\_\_\_\_

Allergies Medicine (indicate if none) \_\_\_\_\_

Food (indicate if none) \_\_\_\_\_

Surgery/Hospitalization \_\_\_\_\_

Medications student is currently taking or accompanying student \_\_\_\_\_  
\_\_\_\_\_

Physicians Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Health Insurance Information**

Name of Insured \_\_\_\_\_ Member Number \_\_\_\_\_

Group # or Policy Holder SS # \_\_\_\_\_ Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I grant permission for the following prescription medication to be dispensed to  
\_\_\_\_\_ by the Palmetto Ridge High School Band Boosters.  
(Students Name)

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(List Medications)

I grant permission for the following over the counter medications to be dispensed to the above named band student by the Palmetto Ridge High School Band Boosters. (Please indicate by marking an X next to each listed.) \_\_\_\_\_

(Initial if agree)

Tylenol\_\_\_\_\_

Ibuprofen (Motrin, Advil)\_\_\_\_\_

Benadryl\_\_\_\_\_

Tums\_\_\_\_\_

Throat Lozenges\_\_\_\_\_

Pepto Bismol\_\_\_\_\_

Imodium AD\_\_\_\_\_

I hereby give my consent for the student \_\_\_\_\_ to represent his/her school in all of the band activities for the 2009-2010 school year. This includes every single event that the Marching Pride participates in for the entire school year.

I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonable necessary for this student in the course of such band activities, or such travels.

I also agree not to hold the school or anyone acting on its behalf or the Florida High School Athletic Association responsible for any injury to the above named student in the course of such band activities or travel.

I hereby certify that I will be responsible for any expenses not covered by the insurance company I have provided.

I certify that all of the information on the front and back of this form is correct.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**The following section must be notarized**

State of Florida  
Collier County

Signed and acknowledged before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_, who is personally known to me ( )

or who produced \_\_\_\_\_ as identification. ( )

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print Name of Notary)