



Lake Brantley Band/ Permission for Medical Treatment
(parents may not notarize their child's form)

I/We the undersigned, being the parent, legal next-of-kin, or legal guardian of:
_____, born on ____/____/____ hereby authorize

(Student's name, please print clearly)
emergency medical treatment for this person beginning July 31st, 2017 and continuing through May 30th, 2018.
I/We acknowledge the liability for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered on behalf of my/our child as a result of injury or sickness. I/We will assume financial responsibility for the incurred expenses through the insurance company listed below.

Insurance Company Policy Number

Insurance Company Address

Physician's Name Physician Phone Number

List any medication and/or food allergies, pertinent medical information and scheduled medications:

Emergency Contact Information:

Parent's Name (please print) Home Phone

_____/_____/____ (hers) _____/_____/____ (hers)

_____/_____/____ (his) _____/_____/____ (his)

Cell #'s Work #'s

Home Address

Parent Signature Notary Public Signature
State of Florida at Large

Subscribed and Sworn to Before Me
This _____ Day of _____ 2015 my commission expires: _____

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My signature below authorizes band volunteer personnel to administer Tylenol, Advil, Antihistamine (or equivalents, including Claritin), Imodium, Tums, topical Benadryl or hydrocortisone cream to my child for treatment of minor headaches, aches/pains or insect bites as associated with afterschool practices/games/concerts/trips. Dosage will be given per label instruction.

Parent/Guardian Signature Date