

MILTON HIGH SCHOOL BAND - MEDICAL FORM**18-19****IMPORTANT**

This permission slip and medical record must be completed, where applicable, signed by Parent, and returned to school. This form will cover any trip the band makes during the 2018-2019 School Year.

Band Parent: Please complete and return.

Student's Name _____ Grade _____ Section/Instrument _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthdate ____/____/____ Social Security # _____ - _____ - _____

Parent's Information:

Father's Name _____ Cell _____ Work _____

Mother's Name _____ Cell _____ Work _____

*List any illnesses and symptoms your child may have: _____
_____*List Prescription Medications that your child takes regularly: _____
_____*List Non-Prescription Medications that your child may **NOT** take (Please note that a student will be given the appropriate "over the counter" medication as needed for their symptoms):

*List any Allergies your child may have: _____

*Please check the following:	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Diabetes	___	___	
Allergies	___	___	
Insect Bites	___	___	
Seizures	___	___	
Contact Lenses	___	___	
Glasses	___	___	
Hearing Aid	___	___	

*List Insurance Company: School Policy _____ Other _____

Insurance Policy # _____ Name Insurance Is In _____

*List person to be notified if parents cannot be reached:

Name _____ Phone Number _____

*Please initial in appropriate blanks:

MY CHILD HAS PERMISSION TO SWIM AT:

_____	(1) at hotel pool
_____	(2) at beach
_____	(3) in creek
_____	(4) not at all

*****USE OF TOBACCO PRODUCTS AND ALCOHOLIC BEVERAGES IS FORBIDDEN BY THE SCHOOL BOARD POLICIES OF SANTA ROSA COUNTY AND THEREFORE ARE NOT PERMITTED AT ANYTIME WHILE ON SCHOOL TRIPS.*****

PARENT SIGNATURE

MILTON HIGH SCHOOL

The patient and others whose signatures are attached below do hereby give permission for the supervising school board employee or licensed medical personnel to purchase and administer the previously-mentioned non-prescription medications to the student for unexpected illness that may occur while away from school. In case of emergency, when parent, guardian, or other designated individual cannot be reached, I hereby authorize school officials to take my child to the nearest emergency care facility for treatment as necessary.

IN WITNESS OF OUR CONSENT AND AGREEMENT TO THE MATTERS STATED IN THE TWO PRECEDING SENTENCES, WE HAVE SUBSCRIBED OUR SIGNATURES BELOW.

Father's Signature

OR

Mother's Signature

Date

Date

WITNESS IN LIEU OF NOTARY

Witness Signature

Date

Witness Signature

Date

NOTARY PUBLIC FORM

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(Date)

by _____ who is personally known to me
(Name of Person Acknowledging)

or who has produced _____
(Type of Identification)

as identification and who did (did not) take an oath.

(Signature) Notary Public Commission No. _____

(Seal Above)

(Name of Notary typed, printed, or stamped)

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT:

Title or Type of Document: MHS BAND DOCUMENT FOR 2018-2019 SCHOOL YEAR

Number of Pages: 1 - Front & Back Date of Document: _____

Signer(s) Other than Named Above: _____