

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 August 3rd, 2020 and continuing through May 31st, 2021.

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

_____ (Initial) 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.

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

Emergency Contact Information:

(please print)

Name

Home Phone

_____/_____
(hers)

_____/_____
(hers)

_____/_____
Cell #'s (his)

_____/_____
Work #'s (his)

Parent Signature

Notary Public Signature
State of Florida at Large

Subscribed and Sworn to Before Me

This _____ Day of _____ 2020

my commission expires: _____

Place notary stamp here