PLEASE ATTACH A RECENT PICTURE OF YOUR CHILD AND A COPY OF ANY HEALTH INSURANCE CARDS.

GAINESVILLE HIGH SCHOOL BAND AND GUARD HEALTH FORM AND TRAVEL PERMISSION NOTE FOR ALL BAND & GUARD TRIPS SCHOOL YEAR 2018-2019

STUDENT NAME (in full): _____

BIRTHDATE: _____ **SOCIAL SECURITY #:** _____

DOCTORS NAME: _____ **PHONE #:** _____

ALLERGIES (Please include food and drugs)**:** _____

_____

_____

MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS: _____

_____

_____

MEDICATIONS: _____

_____

IT IS IMPORTANT THAT YOUR CHILD BRING ANY MEDICATION HE/SHE MAY NEED IN THE ORIGINAL BOTTLES. ASTHMATICS SHOULD <u>ALWAYS</u> HAVE THEIR INHALERS WITH THEM.

The above named student has my permission to attend all Band and Guard activities for the 2018 – 2019 school year. I do not hold Gainesville High School, the Gainesville High School Band & Guard staff, the Gainesville High School Band Boosters or the School Board of Alachua County responsible for any mishap that might occur. In addition, I give permission for the above named student to receive medical treatment in case of emergency. The above named student has my permission to receive the following medications as needed and as directed on the medication bottle: Tylenol, Ibuprofen, Sudafed, Benadryl, and Tums.

IN CASE OF EMERGENCY, PLEASE CONTACT:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Please attach a recent picture of your child and a copy of any health insurance cards

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____