

Travel Permission/Medical Information Form

Southeast High School Seminole Marching Band
1200 37th Avenue East, Bradenton, FL 34208
School Phone (941) 741-3366, ext. 2060
Email sehs-simba@hotmail.com

Student Name: _____ DOB: _____
Address: _____ Home Phone: _____
City, State, ZIP: _____ Work Phone: _____
Parent/Guardian Name: _____ Cell Phone: _____

My son/daughter _____ is given permission to perform and travel with the Southeast High School Band. I give permission for my son/daughter to receive emergency medical treatment if needed.

Insurance Company: _____ Policy No.: _____
Insurance Company Phone #: _____ Date of last tetanus: _____

In the event it is impossible to reach the parent/guardian, list someone else you wish to have contacted.

Name: _____ Phone Number: _____ Relationship: _____

List all medications of any type your child will be taking on this trip. This includes aspirin, sickness pills, cold medicine, allergy medications, inhalers, etc.
(*Doctor's orders on school forms/prescriptions must accompany ALL prescription and all over-the-counter medications.)

List any allergies or other substances that your child is allergic to. This means bee sting, penicillin, certain foods, severe sunburn, food seasoning, etc.

List any medical information that should be known about your child—anything that may cause extra attention in case of emergency including bad asthma attacks, severe headaches, diabetes, feet/arm problems, etc.

Please do not hesitate to put anything on this sheet. It is confidential—only the Band Director and the medical staff will see this information. Our records are kept separate from the school nurse's records. We wish to properly treat your child and follow special procedures in case of an emergency.

If you have any questions, call the band office at (941) 741-3366, ext. 2060.

Parent/Guardian Signature

Date

**Please return this form to:
SIMBA, P.O. Box 20775, Bradenton, FL 34204-0775**

THIS FORM MUST BE TURNED IN PRIOR TO ANY PARTICIPATION IN BAND ACTIVITIES