



The Bands of Southeast High School  
Bradenton, Florida

**Travel Permission/Medical Information Form**

**\*Please read completely**

Southeast High School Seminole Marching Band  
1200 37<sup>th</sup> Avenue East Bradenton, FL 34208  
School Phone (941) 741-3366 ext. 2060

Student Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Grade Level of Child \_\_\_\_\_ Year in Marching Band \_\_\_\_\_ Circle One: BAND DRUMLINE GUARD DANCE  
Marching Band Instrument \_\_\_\_\_ Concert Band Instrument \_\_\_\_\_

Parent Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

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.

Student Date of Birth \_\_\_\_\_ Date of last tetanus \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Phone # of insurance company \_\_\_\_\_

In the event it is impossible to reach the parent/guardian, list someone else you wish to have contacted.  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

List medications of any type you child will be taking on this trip. This includes aspirin, sickness pills, cold medicine, etc.  
\_\_\_\_\_  
\_\_\_\_\_

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, 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). We wish to properly treat your child and follow special procedures in case of an emergency. Our records are kept separate from the school nurse.

If you have any questions, call the band office at (941) 741-3366 x2060

\_\_\_\_\_  
Parent/Guardian Signature Date

Tylenol/Aleve/Advil Release: I give my permission to a School Board/Health Dept. employee to administer Tylenol/Aleve/Advil/Motrin to my child for a headache or cramps during band related activities after school hours.  
(please circle) Yes or No

\_\_\_\_\_  
Parent Signature

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