

Clearwater High School Band Student Health History

Student's Name: _____
Date of Birth: _____ Home Telephone: _____
Address: _____ City: _____ Zip: _____
Parent or Legal Guardian: _____
Home Phone: _____ Cell Phone: _____
Mother's Business Phone: _____ Father's Business Phone: _____
E-mail Address: (please print) _____

Health History (Please Give Dates If Possible)

Surgery: _____

Serious Chronic Illness: _____

Reaction to Insect Stings/Bites: (Identify) _____

Diabetic: Yes _____ No _____ Prone to Motion Sickness: Yes _____ No _____

Date of Last Tetanus Shot: _____ Special Health Problems: _____

Allergy to Drugs: (Please Specify Penicillin, Etc.) _____

Present Medical Treatment: Yes _____ No _____ If Yes Explain: _____

Physician: _____ Phone: _____

Insured By: _____ Phone: _____

Insurance Identification Number: _____

I/We the undersigned, being the parent or legal guardian, hereby give approval for the above named individual to participate in any and all Clearwater Band Activities.

I/We the parent/guardian of the above named individual do give my permission to the Band Director and/or other persons of authority to administer first aid to the above named individual.

I/We give permission to have the above named individual transported by ambulance, police, or private vehicle to a hospital or doctor's office if deemed necessary.

I/We do hereby authorize the immediate treatment of the above named individual by a licensed doctor and/or hospital to the extent deemed necessary by such doctor and/or hospital.

I/We agree to hold harmless the Band Director, the booster organization and its members, the school, and other persons of authority participating in the medical treatment of the above named individual.

I/We guarantee payment of all expenses and charges associated with such medical treatment including physician, hospital laboratory, medication, transportation, etc.

(Signature of parent or legal guardian)

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public, State of Florida

(Print, Type, or Stamp commissioned Name of Notary)

(Check one)

Affiant personally known to notary

Affiant produced Identification

Type of Identification Produced: _____

THE SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA
Clearwater, Florida
NON-CURRICULAR PERMISSION & RELEASE OF LIABILITY
FORM
Clearwater High School Band

I/We, hereby grant permission for _____
to participate in the following special school related activity:

All Extra Curricular Band Events for the 2014-2015 School Year

and to make incidental stops en-route and return, when determined to be necessary or desirable. Inconsideration of the benefits and opportunities afforded my child by his/her participation in the field trip I state as follows:

I authorize the school representative to obtain medical treatment for my child in the event of injury or illness and agree to pay any expense incurred for treatment.

I understand that under present Florida law, if my child is riding in a private passenger automobile which is involved in an accident, he/she may be primarily covered for bodily injury under my family automobile policy and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy. The School Board will not be responsible for my deductible on primary coverage.

If my child is being transported in commercial carrier or other leased or rented vehicles and an injury occurs, I understand that I shall look to the commercial carrier or owner of the other leased or rented vehicle to pay any medical bills incurred as a result of such injury and shall release the School Board from liability.

If my child is being transported in a Pinellas County School Board owned vehicle and an injury occurs, or if my child is otherwise injured during the trip, I agree and understand that liability arising out of the above trip is assumed hereby and shall be at the sole exclusive risk of the undersigned.

Note: The undersigned and the student agree to assume all risk of injury that may occur during the above-described trip.

Date

Signature of Parent or Guardian on behalf of herself or himself, and as agent for the other Parent or Guardians, and on behalf of the student