



Golden Gate High School Titan Band
2925 Titan Ln.
Naples, FL 34116
(239) 377-1690

Band Medical Release/Travel Consent Form

Name of Band Student _____

Address (Street, City, Zip) _____

Student SS# _____ Grade _____ Age _____ Date of Birth _____

Parent/Guardian Information

Mother's Name _____ Home Phone Number _____
Work Phone Number _____

Father's Name _____ Home Phone Number _____
Work Phone Number _____

Medical History (Current Problems, Physical Limitations, Illnesses(verified by physician))

Allergies Medicine (indicate if none) _____

Food (indicate if none) _____

Surgery/Hospitalization _____

Medications student is currently taking or accompanying student _____

Physicians Name _____

Phone Number _____

Health Insurance Information

Name of Insured _____ Member Number _____

Group # or Policy Holder SS# _____ Name of Insurance Co. _____

Address _____ Phone _____

I grant permission for the following prescription medication to be dispensed to _____ by the Golden Gate High School Band Boosters.
(Student Name)

(List Medication)

I grant permission for the following over the counter medications to be dispensed to the above named band student by the Golden Gate High School Band Boosters. (Please indicate by marking an X next to each listed.) _____

(Initial if agree)

Tylenol _____	Ibuprofin (Motrin, Advil) _____
Tums _____	Throat Lozenges _____
Pepto Bismol _____	Imodium AD _____

I hereby give my consent for the student _____ to represent his/her school in all of the band activities for the _____ - _____ school year. This includes every single event that the Titan Band participates in for the entire year.

I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonable necessary for this student in the course of such band activities, or such travels.

I also agree not to hold the school or anyone acting on its behalf or the Florida High School Activities Association responsible for any injury to the above named student in the course of such band activities or travel.

I hereby certify that I will be responsible for any expenses not covered by the insurance company I have provided.

I certify that all of the information on the front and back of this form is correct.

(Parent/Guardian Signature)

(Date)

The following section must be notarized.

**State of Florida
Collier County**

Signed and acknowledged before me on this the _____ day of _____, _____.

By _____, who is personally known to me ()

or who produced _____ as identification.()

Notary Public

(Print Name of Notary)