

**PERMISSION and INSURANCE STATEMENT  
WEST BROWARD HIGH SCHOOL BAND**

\_\_\_\_\_, Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(print student name) month / day / year

is hereby granted permission by \_\_\_\_\_  
(print parent/guardian name)

to participate in all Band and school-approved Band activities during the 2009-2010 school year. I authorize my child to accompany the Band on local or out-of-town events using school board-approved transportation. I further authorize the school Band Directors or the sponsor/instructor(s) to obtain, through a physician of his or her choice, any emergency medical care that may become reasonably necessary for my child as a result of practice or performance participation. This includes any activity occurring on field trips and/or on-campus activities.

I/we are also aware of day to day risks that are involved in extra and co-curricular participation, and will not hold The School Board of Broward County, West Broward High School, or individual directors and/or sponsor/instructors responsible for any injuries that may be sustained from participation.

**Insurance Information**

**\*\*\*\* ATTACH A COPY OF YOUR INSURANCE CARD OR POLICY\*\*\*\***

We have medical insurance with: \_\_\_\_\_ Policy #: \_\_\_\_\_  
(name of insurance company)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_ Zip: \_\_\_\_\_

Out Family physician is: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ We do not have a family physician. \_\_\_\_\_ I/We do not have medical insurance, however, I/We will pay  
any and all medical bills for emergency care of my child.

\*\*\*\*\* If neither of the above is checked, this form is invalid, one or the other MUST be checked. \*\*\*\*\*

***Sign in the presence of a NOTARY:***

Parent/Guardian signature: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do not fill in below this line. To be filled in by Notarizing Agent.

**Notarization:**

State of Florida, County of \_\_\_\_\_ Sworn to and subscribed before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. Notary Signature: \_\_\_\_\_

Seal:

# WEST BROWARD HIGH SCHOOL "PERFORMANCE ENSEMBLES"

I submit the following information as it applies to my child:

1. Allergies to: food, medications, insect bites, etc. Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

3. Special medical problems. Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

4. Prescribed medications.(such as inhalers, etc.) Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

5. Date of last Tetanus shot: Unknown \_\_\_ Known, date \_\_\_\_\_

6. Alternate person to contact if I am unavailable:

Name : \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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As required by School Board Policy No. 5304, which will cover my child in the event of injury, I will assume the full responsibility for the payment of doctor and/or hospital bills for the treatment of any injury my child might suffer while participating in these activities. If any change occurs in this insurance policy, I am responsible to notify the school's Principal or Board Director.

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Activities covered under this Permission Form include ALL on-campus rehearsals and performances.

### **Special Events:**

June 8-11	Band Camp #1 1-9pm
July 20-23	Band Camp #2 1-9pm
August 10-15	Band Camp #3 1-9pm
August 18-20	Rehearsals 5-9 pm
August 29	Rehearsal 9-9
Sept 4	Football (A) Western
Sept 11	Football (A) Pines Charter
Sept 12	All State Auditions
Sept 12	Rehearsal 1-6 pm
Sept 25	Football (H @ Cooper City)
Sept 26	Competition – Boca Raton HS
Oct 3	Competition – Flanagan HS
Oct 9	Football (A) Everglades
Oct 10	Competition – Park Vista
Oct 17	Competition John I Leonard or FBA
Oct 22	Football (H @ Cooper City)
Oct 23	Rehearsal
Oct 24-25	Competition BOA Orlando
Nov 6	Football (A) Flanagan
Nov 7	Competition - Santaluces

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\*Activities not listed will receive special permission forms prior to the activity.