

**VERO BEACH HIGH SCHOOL ORCHESTRA**  
**MEDICAL PERMISSION FORM**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_

NAME(S) OF PARENTS OR LEGAL GUARDIANS \_\_\_\_\_

In Case of Accident or Illness notify:

NAME (relationship) \_\_\_\_\_ PHONE (home) \_\_\_\_\_

PHONE (work) \_\_\_\_\_ PHONE (cell) \_\_\_\_\_

NAME (relationship) \_\_\_\_\_ PHONE (home) \_\_\_\_\_

PHONE (work) \_\_\_\_\_ PHONE (cell) \_\_\_\_\_

I, the undersigned parent or legal guardian of (student's name) \_\_\_\_\_, grant full permission to any physician or hospital to take any action deemed necessary in case of an accident or illness. I authorize the School(s) to transport the student and to obtain through a physician of the School's choice, any emergency medical care that may become reasonably necessary for the student in the course of activities or travel incidental to such activities: and agree that the expenses for such transportation and treatment shall not be borne by the School District of Indian River county or its employees.

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

List of specific allergies, including any medications and foods your child is allergic to:

\_\_\_\_\_

Are the allergies life-threatening? \_\_\_\_\_

If so, does your child carry an EpiPen? \_\_\_\_\_

List any medical conditions, illnesses, or problems your child that an emergency room physician should be aware of:

\_\_\_\_\_

List any prescription medications the student takes on a regular basis that an emergency room physician should be aware of:

\_\_\_\_\_

**NOTE for overnight field trips: Controlled substances prescribed for a student require the physician's authorization; a note from the physician including clear dispensing instructions must be given to the orchestra teacher. All prescription medications including controlled substances must include typed dispensing instructions signed by the parent; everything must be turned over personally from the parent to the orchestra teacher.**

**If there is any other pertinent information you feel we should know before taking your child off campus, please list.**

**INSURANCE:**

The following information is required from all participants in school-approved activities at Vero Beach High School.

*I do/do not (circle one) have insurance.* I understand that Health and Accident Insurance is available from the School District of Indian River County that I may purchase.

Type of Hospitalization Insurance:

Blue Cross/Blue Shield \_\_\_\_\_ Policy Number \_\_\_\_\_

Other \_\_\_\_\_ Policy Number \_\_\_\_\_

(Name of Insurance Carrier)

Please attach a COPY of your insurance identification card.

