

VERO BEACH ORCHESTRAS MEDICAL PERMISSION FORM
(Oslo Middle, Gifford Middle, Storm Grove Middle and Vero Beach High Schools)

STUDENT'S NAME _____ Orchestra teacher _____

SCHOOL _____ GRADE _____

ADDRESS _____ PHONE (HOME) _____

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. I, as the undersigned parent or legal guardian, have read and understand all policies as set forth in the Oslo Middle, Gifford Middle Storm Grove Middle and Vero Beach High School Orchestras Handbooks. I grant full permission for my child to be an active member of the Oslo Middle, Gifford Middle, Storm Grove or Vero Beach High School Orchestras and to attend all required orchestra functions.

(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.

(Continued on reverse of page)

