

First letter last name \_\_\_\_\_

Class period \_\_\_\_\_

**Boca Raton Community Middle School**  
**Field Trip Emergency Medical Form 09-10**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Name or Guardian \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (non-parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Health History** - Please indicate specific detail any medical issues I would need to be aware of in an emergency. i.e. convulsions, asthma, allergies, etc...

\_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Certificate/Membership Number: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical and/or dental attention to be administered to my child \_\_\_\_\_ (child's name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume responsibility for the payment of such treatment. In the event I cannot be reached, any of the following person(s) is designated to act on my behalf: the Boca Raton Middle School Band Directors or any Boca Raton Middle School Band staff member or chaperone designated by the directors. This release is effective for the period of one (1) year from the date of signature below.

\_\_\_\_\_

Print Name of Parent or Guardian

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ 8/\_\_\_/07 \_\_\_\_\_

Date

\_\_\_\_\_

Print Name of Student

**Blanket Field Trip Parent/Guardian Permission Form 09-10**

Field Trip Destination (See enclosed calendar) **for all band trips/events for the entire 2009-2010 school year.** Transportation: (may be either school or charter bus)

I allow my son/daughter to attend all of the listed trips/events. I shall hold the school; teachers, chaperones and/or the school district, harmless in the case of an accident as I feel assured that the maximum attention will be given to all safety precautions.

I further understand that Boca Raton Middle School has established rules and regulations pertaining to conduct, behavior, and activities of all students, by which my child must abide by during the participation of any band activity. I also agree that my child and I will be responsible for his/her failure to abide by those rules and regulations.

Parent(s)/ guardian signature \_\_\_\_\_