



**WILLIAM T. DWYER HIGH SCHOOL
PANTHER BAND**

13601 N. Military Trail
Palm Beach Gardens, FL 33418
Phone: (561) 625-7879
Fax: (561) 625-7850

Student / Medical Information

Student Name

Parent/Guardian Information:			
Mother / Guardian		Father / Guardian	
Name:		Name:	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	

Who has full custody of student:

Mother Father Both Parents Other: _____

Emergency Contact Information :			
Name:		Relationship	
Home #		Cell #	
Name:		Relationship	
Home #		Cell #	

Other than parents/guardians, who may remove student from school:

--

Allergies: List ALL allergies to food, medications, etc.

--

--

Medical Condition: List any special medical problems

--

--

Medications: List ALL medications your child is currently taking, describe dosage

--

--

Student's Health Insurance Information:

Carrier Name:	Group Number:	Policy Holder Name:
----------------------	----------------------	----------------------------

Physician's Name & Phone #:	
--	--

Date of last tetanus shot:	
-----------------------------------	--

**THE SCHOOL BOARD OF PALM BEACH COUNTY
WILLIAM T. DWYER HIGH SCHOOL
PARENT AUTHORIZATION AND
MEDICAL RELEASE FOR SCHOOL ACTIVITIES**

I/We the undersigned, hereby grant _____ permission to participate in
(Student Name)

school sponsored activities and field trips as a member of **The William T. Dwyer High School Band** during the 2017-2018 school year. The William T. Dwyer High School and/or sponsoring faculty member/administrator will not be liable for accidents occurring during the 2017-2018 school year. Students should be properly insured. Parents are reminded that school Student Accident Insurance is available through school does not cover overnight field trips under any circumstances. Parents should have 24 hour or around the clock insurance coverage available through the schools or their own agent to insure proper coverage on overnight trips.

PERMISSION FOR MEDICAL TREATMENT

This document is correct to the best of my knowledge and the student described above has permission to engage in all activities unless otherwise noted. I hereby authorize necessary medical treatment in case any medical emergency arises and if I, the parent(s)/guardian(s), cannot be contacted. This includes the administration of any medications, as prescribed by the doctor in attendance for this student while on a William T. Dwyer High School approved field trip or activity. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Notary Public Signature

Commission Expiration Date