LAKE BRANTLEY CHORUS
991 E. Sand Lake Rd.
Altamonte Springs, FL 32714

PERMISSION FOR MEDICAL TREATMENT

(parents may <u>not</u> notarize their child's form)

I/We, the undersigned, being the parent, legal next-of-kin, or legal guardian of:

_____ _____
(Student's Name) (Birth Date)

hereby authorize emergency medical treatment for this person beginning August 31, 2018 and continu-ing through June 30, 2019 . I/We acknowledge the liability for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered for or on behalf of my/ our child as a result of injury or sickness. I/We will assume financial responsibility for the incurred expenses through the insurance company listed below.

_____ _____
Insurance Company Student's Physican's Name

_____ _____
Policy Number Student Home Phone

_____ _____
Insurance Company Address Student Social Security #

Medication and/or food allergies, pertinent medical information, scheduled medications:
_____

_____
Parent's Names (please print)

_____
Home Address City, State, ZIP

_____
Home Phone Work Phone 1 Work Phone 2

_____ _____
Parent Cell Phone Parent Cell Phone

This document will be taken on all chorus trips and functions. It is the responsibility of the parent to see this properly executed and returned to the chorus room.

STATE OF FLORIDA
COUNTY OF SEMINOLE

_____
Parent Signature

Sworn to and subscribed before me this _____
day of _____, 201 , by _____

_____ My Commission Expires:
Notary Public

Personally Known _____ *or* Produced Identification _____
Type of Identification Produced_____