



FERNANDINA BEACH HIGH SCHOOL
FERNANDINA BEACH, FL 32034

ALL BAND FUNCTIONS 2007 - 2008 SCHOOL YEAR
PERMISSION AND MEDICAL RELEASE FORM

STUDENT'S NAME: DATE OF BIRTH:
ADDRESS: CITY-ZIP:
PARENT &/OR GUARDIAN'S NAME:
HOME PHONE: PARENT'S WORK PHONE:
PARENTS CELL PHONE:
PARENTS E-MAIL ADDRESS
GRADE: YEARS IN BAND: INSTRUMENT:
EMERGENCY CONTACT:
RELATIONSHIP: EMERGENCY PHONE NO:
FAMILY DOCTOR: DR'S PHONE NO:
MEDICAL INSURANCE:
POLICY NUMBER: GROUP NUMBER:
DOES STUDENT TAKE ANY MEDICATIONS?: IF SO, WHAT?
LIST ALL MEDICATIONS HE/SHE TAKES:

LIST SPECIAL HEALTH OR MEDICAL CONDITIONS (VERY IMPORTANT):

I hereby give my consent for the above-named student to represent his/her school in extra-curricular activities. I also give consent and authorize the school or it's representatives to obtain, through a physician of it's choice, such medical attention as is reasonably necessary for the welfare of the student if he/she is injured or is ill while in the course of school activities. I understand that the school is not financially responsible for any injury which may occur. I understand that the student participating will be governed by the rules of this activity, School Board policies, and the Student Handbook.

Date Signature of Parent/Guardian

Sworn and Subscribed before me on this Day of
He/She is personally known to me or has presented
As identification.

NOTARY

## MEDICAL AUTHORIZATION FORM

\_\_\_\_\_ (Student's Name) has my permission to participate in **ALL FBHS BAND ACTIVITIES 2007 - 2008 SEASON** sponsored or authorized by Fernandina Beach High School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize The School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is: \_\_\_\_\_ Policy Number \_\_\_\_\_.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by the School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
(Date)

by \_\_\_\_\_ Who is personally known to be or who has  
(Name of person acknowledged)  
produced \_\_\_\_\_ as identification and who did (did not) take an oath.  
(Type of information)

\_\_\_\_\_  
(Title or Rank)

\_\_\_\_\_  
(Signature of Notary taking Acknowledgment)

\_\_\_\_\_  
(Serial Number, if any)

\_\_\_\_\_  
(Name of Notary, typed printed or stamped)

### MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand and agree to abide by all the rules of conduct and regulations of The School Board of Nassau County and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NASSAU COUNTY SCHOOL BOARD**  
**STUDENT DRUG TESTING CONSENT FORM**  
All Band Activities 2007-2008

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities and for the operation of a motor vehicle on school property. I further understand that if I refuse to take the test, or if the test establishes a violation of the drug testing policy, I will face disciplinary action set forth by the Nassau County School Board policy.

By signing and dating this form, I consent to any random or reasonable suspicion drug testing that might be required during the 2006-2007 school year. The random testing will be done weekly throughout the school year. The selection for the random testing will be performed by the testing agency with the selected students being notified on the day they are to report for urinalysis. I also understand the provisions of reasonable suspicion testing.

By signing and dating this form I understand that the costs for random and reasonable suspicion testing will be paid for by the school district. I also understand that the cost for the assessment and rehabilitation program, in the event of a violation of the drug testing policy, is the responsibility of the student.

I hereby consent to the administration of a drug test, if selected, and to the conditions listed in this consent. By signing and dating this form I attest that I have read and understand Nassau County School Board Rule 2.48, which outlines the district drug testing policy printed in the Code of Student Conduct.

Student's Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

PROOF OF ACCIDENT INSURANCE

Required for Athletic, Cheerleading, and Extracurricular Activity Participants  
**All Band Activities 2007-2008**

The Florida Statutes and the Nassau County School Board Administrative Rule 5.71 require that students participating in Interscholastic Athletics, Cheerleading, and Extracurricular Activities MUST have accident insurance, and proof of the insurance is to be kept on file at the school.

This is to confirm that my child, \_\_\_\_\_, who is a student at  
(Print Name of Student)

\_\_\_\_\_ is covered under the following accident insurance policy:  
(Name of School)

Name of Insurance Company \_\_\_\_\_

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

**I understand that my child will not be permitted to participate in Interscholastic Athletics, Cheerleading, and/or Extracurricular Activities without accident insurance, and I agree to maintain accident insurance coverage for my child during his/her participation.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by  
(Date)

\_\_\_\_\_, who is personally known to me or who has  
(Name of Person Acknowledged)

produced \_\_\_\_\_ as identification and who did (did not)  
(Type of Identification)

take an oath.

\_\_\_\_\_  
(Title or Rank)

\_\_\_\_\_  
(Signature of Notary taking Acknowledgment)

\_\_\_\_\_  
(Serial Number, if any)

\_\_\_\_\_  
(Name of Notary, typed, printed or stamped)

