

**PLEASE ATTACH A RECENT PICTURE OF YOUR CHILD AND  
A COPY OF ANY HEALTH INSURANCE CARDS.**

**GAINESVILLE HIGH SCHOOL BAND AND GUARD  
HEALTH FORM AND TRAVEL PERMISSION NOTE  
FOR ALL BAND & GUARD TRIPS  
SCHOOL YEAR 2011-2012**

STUDENT NAME (in full): \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ALLERGIES (Please include food and drugs): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

**IT IS IMPORTANT THAT YOUR CHILD BRING ANY MEDICATION HE/SHE  
MAY NEED IN THE ORIGINAL BOTTLES. ASTHMATICS SHOULD ALWAYS  
HAVE THEIR INHALERS WITH THEM.**

The above named student has my permission to attend all Band and Guard activities for the 2011 – 2012 school year. I do not hold Gainesville High School, the Gainesville High School Band & Guard staff, the Gainesville High School Band Boosters or the School Board of Alachua County responsible for any mishap that might occur. In addition, I give permission for the above named student to receive medical treatment in case of emergency. The above named student has my permission to receive the following medications as needed and as directed on the medication bottle: Tylenol, Ibuprofen, Sudafed, Benadryl, and Tums.

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Please attach a recent picture of your child and a copy of any health insurance cards***

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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