



Student/Parent Information Form
Academic Year 20____ - 20____

STUDENT

NAME	GRADE 9 10 11 12 (circle one)
INSTRUMENT(S)	
HOME ADDRESS	
HOME PHONE	CELL
E-MAIL	

PARENT GUARDIAN # 1

NAME	CELL
E-MAIL	

PARENT GUARDIAN # 2

NAME	CELL
E-MAIL	

EMERGENCY CONTACT AFTER INDIVIDUALS LISTED ABOVE

NAME	PHONE
E-MAIL	

PARENT-BOOSTER CHECKLIST

Participation from our parents makes our band program successful. Place a "1" or "2" next to the specific area where you can volunteer (the number corresponds to which parent/guardian is specifically volunteering). Thank you!

	Bus Chaperone/Chaperone*
	Band Camp*
	Sewing/Fitting Uniforms*
	Washing Uniforms
	Concession Stand*
	First Aid*
	Fundraising*
	Photography*

	Painting*
	Props/Carpentry*
	Driving Penske Truck*
	Pulling Trailer
	Pit Crew*
	Food Donations
	Water/Gatorade Donations

* Activity requires a completed Volunteer Application each year.

THE SCHOOL BOARD OF HERNANDO COUNTY, FLORIDA

Education Activities Permission for Participation

I/We, hereby grant permission for (name of student) _____
to participate in all education activities and trips for the current school year. I/We understand that
announcement of the activities or trip and location will be made in advance, so that if I/we were to have
any objections, I/we could easily phone or write the school and my child would not participate in the
activity or the trip.

I/We authorize the school representative, in the exercise of his/her best judgment as to necessity, to obtain
medical treatment in the event of illness or injury and the undersigned agreed to pay any expense incurred
for this treatment.

Signature of Parent: _____ Date: _____

Student Number: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

HERNANDO COUNTY SCHOOL BOARD
Permission for Band Trips and Activities
AND
Medical Release Form

Student Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
Parent/Guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Parent/Guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Student's Primary Physician: _____ Phone: _____
Allergies to Food/Medicines: _____
Date of Last Tetanus Shot: _____
Medication(s) Taken: _____
Any medical concerns: _____
Student's Primary Insurance Co: _____ Policy # _____
Insurance Company Address: _____

I hereby give _____ permission to participate in all Band activities and trips during the _____ academic school year.

I hereby give permission for _____ to receive all necessary medical treatment and services required for the maintenance and preservation of health. The undersigned agrees to be responsible for payment of all expenses sustained for such treatment, services, medicine, and materials rendered and supplied.

Signature of Parent/Guardian

STATE OF FLORIDA
COUNTY OF HERNANDO

BEFORE ME, the undersigned authority, personally appeared _____, who, being first duly sworn and placed under oath, stated that he/she executed the foregoing PERMISSION FORM and MEDICAL RELEASE FORM in good faith and that the statements contained herein are true and correct to the best of his/her knowledge and belief.

WITNESS MY HAND and official seal on this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires: _____



Approval Form to Use Photograph/Video/Image

Subject/Event: _____

Date: _____

Location: _____

For the event listed above, I allow Spring High School Marching Eagle Brigade (SMEB) to:

- Take photos and video of me and my property.
- Use my image in print or electronic form for any lawful reason, with or without my name.
- Let SMEB partners use my image in print or electronic form.

I have the right to:

- Submit a written request to cancel my approval at any time for any reason (except for materials that have already used my image).
- Refuse signature of this form, without consequence.
- Receive a copy of this form.

I understand that:

- My image may be used in publicity, advertising, and web content.
- This approval will not affect any service SMEB may provide me.
- This approval will last 20 years from the date I sign it.
- SMEB will not be able to protect my image once it is public.
- I will not be paid for allowing SMEB to use my image.

I have read and understand the above.

Printed Name: _____

Date: _____

Signature: _____

If you have any questions or concerns about this form, or wish to cancel your approval, please contact SMEB in writing using the following contact information:

Springstead High School Marching Eagle Brigade
3300 Mariner Boulevard
Spring Hill, FL 34609
www.marchingeaglebrigade.com



Band and Color Guard Fees
 Academic Year 20____ - 20____

Student Name: _____ ID # _____

Listed below are the fees for participation in the Springstead High School Marching Eagle Brigade. Please sign at the bottom and turn in to the band booster office to acknowledge the fees selected.

Please make checks payable to SHS Band and include student's name and School ID # on check.

	BAND FEE	COLOR GUARD FEE
Band Camp Fee	\$30.00	\$30.00
Band Fee	\$150.00	\$150.00
Transportation Fee	\$165.00	\$165.00
Uniform Fee	\$125.00	\$125.00*
Show T-Shirts (2 recommended)	\$15.00 each	\$15.00 each
Gloves	\$5.00 each	\$15.00 each
Shoes (if applicable)	\$40.00	\$40.00
Garment Bag (if applicable)	\$15.00	\$15.00
Equipment or Instrument Rental	\$40.00	\$40.00
TOTAL		

* This is an estimated amount, actual Color Guard Uniform Fee will vary annually.

** Spring Field Trip – Typically Occurs in March or April \$75.00 Deposit Due Mid-October
 (All band fees must be paid in full by January 31st in order to participate in Spring Field Trip.)
 Participation in this trip is optional.

I agree to pay the above fees. If I am unable to pay all fees at one time, I agree to make minimum monthly payments by the first day of each month. If I cannot financially afford to pay these fees, I agree to have my student participate in fundraisers or obtain sponsors to cover the cost of my student's fees.

Parent Signature: _____



Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. **This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.**

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. **I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.**

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

____ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

____ My child/ward is covered by his/her school's activities medical base insurance plan.

____ I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date / /

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date / /

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Signature of Student _____ Date / /



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association
Consent and Release from Liability Certificate for
Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

- 1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nfhslearn.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) _____ Signature of Student-Athlete _____ Date ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____



Consent and Release from Liability Certificate (Page 4 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA
Authorization for Administration of Prescribed Medication/Treatment

Student's Name	Student's I.D. Number	Student's Date of Birth
<hr/>		
School	School Address	

AUTHORIZATION TO ADMINISTER PHYSICIAN PRESCRIBED MEDICATION/TREATMENT TO STUDENTS BY AUTHORIZED PERSONNEL:

1. Prescribed medications or treatments can only be administered or performed at school when failure to receive such medication or treatment could jeopardize a student's health.
2. The Physician Authorization and Legal Guardian Permission segments of this form must be completed and signed prior to the execution of the prescription.
3. This form must be updated every school year. If medication is changed by the physician during the year, a new form must be submitted to the school nurse.

PHYSICIAN'S AUTHORIZATION (To be completed by the prescribing physician.)

THE ABOVE STUDENT IS UNDER MY MEDICAL SUPERVISION. I HAVE PRESCRIBED THE FOLLOWING MEDICATION AND/OR TREATMENT:

Medication/Treatment: _____

Amount: _____

Specific Procedure: _____

REASON(S) FOR MEDICATION/TREATMENT: _____

POSSIBLE ADVERSE REACTIONS OR COMPLICATIONS OF THE PRESCRIBED MEDICATION/TREATMENT: _____

Allergies: _____

Physician's Name (Printed): _____ Phone Number: _____

Physician's Address: _____

Physician's Signature: _____ Date: _____

LEGAL GUARDIAN PERMISSION (To be completed by student's legal guardian.)

Name: _____ Address: _____

Home Phone: _____

Business Phone: _____ Emergency Phone: _____

I HEREBY REQUEST THAT MY CHILD BE GIVEN THE ABOVE PRESCRIBED MEDICATION AND OR TREATMENT WHILE IN SCHOOL AND AWAY FROM SCHOOL FOR ACTIVITIES. I UNDERSTAND THE LAW PROVIDES THAT THERE SHALL BE NO LIABILITY FOR CIVIL DAMAGES AS A RESULT OF THE ADMINISTRATION OF SUCH MEDICATION AND/OR TREATMENT WHERE THE PERSON ADMINISTERING SUCH MEDICATION AND/OR TREATMENT ACTS AS AN ORDINARILY REASONABLY PRUDENT PERSON WOULD HAVE UNDER THE SAME OR SIMILAR CONDITIONS.

Signature of Legal Guardian: _____ Date: _____

School District of Hernando County
CONTRACT TO CARRY AND SELF-ADMINISTER
ASTHMA INHALER OR EPI-PEN, PANCREATIC ENZYMES, DIABETIC SUPPLIES

Student Name (Print)

Parent/Guardian Name (Print)

Grade

School

Name of Medication:

I hereby authorize the above student to self-administer his or her inhaler / epi-pen at school or on other School District property or at any School District sponsored activity. I understand and acknowledge that the School District assumed no responsibility whatsoever for the maintenance, storage, dosage or administration of the above student's inhaler / epi-pen or diabetic supplies. I furthermore agree to indemnify and otherwise hold harmless the School Board and its employees and volunteers for any and all liability with respect to the administration of the inhaler / epi-pen by the student.

The student also agrees as follows:

1. That the student understands what the medication is for, when to use it and how often to use it;
2. That the medication is for their use alone and that they will not share it or otherwise allow it to be used by any other student(s) and that to do otherwise is a violation of the Student Code of Conduct which might subject the student to disciplinary action;
3. That the student will immediately notify an adult working for the school or school district if any other student uses his or her medication;
4. That the student will also immediately notify an adult working for the school or the school district if and when it becomes necessary for the student to self-administer the inhaler or epi-pen; and,
5. That the student will immediately go to the clinic or otherwise seek assistance if they continue to have problems after they have used his or her medication.

Date

Parent/Guardian (s) Signature

Date

Student Signature

I authorize the above student to self-administer his or her inhaler / epi-pen at school or when otherwise necessary as determined by the student.

Date

Treating Physician (Sign and Print)