



West Broward Performance Ensemble

Permission and Insurance Statement

_____, Birth date ____ / ____ / ____
Student Name Month Day Year

is hereby granted permission by _____
Parent/Guardian Name

To participate in all Performance Ensemble and school-approved Performance Ensemble activities during the 2024-2025 school year, I authorize my child to participate in local and out-of-town events using school board-approved transportation. I further authorize the school Band Directors or the sponsor/instructor(s) to obtain, through a physician of his or her choice, any emergency medical care that may become reasonably necessary for my child as a result of practice or performance participation. This includes any activity occurring on field trips and/or on-campus activities. I/we are also aware of day-to-day risks that are involved in extra and co-curricular participation and will not hold The School Board of Broward County (SBBC), West Broward High School, or individual directors and/or sponsor/instructors responsible for any injuries that may be sustained from participation.

INSURANCE INFORMATION

***** Attach copies of insurance card and driver's license to this form *****

Please select one of the following:

I/We do have medical insurance.

I/We do not have medical insurance, however, I/we will pay any and all medical bills for emergency care of my child.

Insurance Company Policy #

I submit the following information as it applies to my child:

Allergies (i.e. food, medication, insect bites): _____

Allergic Reaction Medication (i.e. epi-pen, Benadryl): _____

Special Medical Problems: _____

Prescribed Medications (i.e. inhaler): _____

Emergency Contacts:

Emergency Contact #1 Name Relation to student Phone

Emergency Contact #2 Name Relation to student Phone