

Cougar Band Travel Permit & Medical Release Form 2009-2010

PLEASE PRINT

Name of child: Last _____ First _____

Street address _____ City _____ Zip _____

Home phone _____ **STUDENT EMAIL** _____

MOM'S EMAIL _____ **DAD'S EMAIL** _____

Mom's work phone _____ Dad's work phone _____

Mom's cell phone _____ Dad's cell phone _____

Mom's name _____ Dad's name _____

List primary guardian(s) _____

Name(s) of additional guardian(s) _____

Additional emergency contact:

Name _____ phone (_____)

Relationship to child _____

Phone/Name of home physician (_____) _____

Insurance carrier _____

Policy name & number _____

Allergies _____

Alerts _____

Current medication(s) including dosage and condition being treated.

In the event of a medical emergency and if I cannot be contacted, I hereby give permission for my child to receive appropriate medical treatment. I also hereby release school officials and chaperones from any liability for any actions taken in the normal course of their duties.

I do _____ do not _____ give permission for my child to take the proper doses of over the counter medication.

I do _____ do not _____ give the band directors permission to authorize or refuse transport by emergency medical services as needed.

I/We hereby give permission for my child to ride with the Connally High School Band for all band sanctioned events.

Signature of Parent(s)/Guardian(s)

Date _____