

J. J. PEARCE HIGH SCHOOL BAND
2009-2010 MEDICAL RELEASE & PERMISSION TO TRAVEL FORM

PRINT

Student: _____ SS#: _____ - _____ - _____

Address: _____ Grade: _____

City/Zip: _____ Home Phone: _____

Father: _____ Mother: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Alternate Adult Name: _____ Phone: _____

Alternate Adult Name: _____ Phone: _____

The above named student has my permission to participate in school-sanctioned activities as a member of the Pearce High School Band during the school year. All transportation will be arranged by the Director in accordance with RISD Guidelines. Students even when off campus are still subject to the school rules and regulations when participating with the Pearce High School Band. I understand that any student who does not conduct himself/herself properly may be (1) sent home at the parent's expense; (2) prohibited from participating in future activities of this organization; and/or, (3) subject to other appropriate disciplinary action.

By signing this document, the parent and/or legal guardian releases the Richardson Independent School District and Pearce School Band directors, chaperones, volunteers, etc. from any and all claims resulting from the injury of the above named student or the loss of property of the above named student while participating in any activities connected with the Pearce High School Band.

Insurance Coverage – (You may copy the front and back of your insurance card and attach to this space rather than printing this information.)

Insurance Company: _____

Policy Number: _____ Group in Name of: _____

Name of Parent who is the Policy Holder: _____

Insurance Coverage – Secondary

Insurance Company: _____

Policy Number: _____ Group in Name of: _____

Name of Parent who is the Policy Holder: _____

Dental Coverage –

Insurance Coverage: _____

Policy Number: _____ Group in Name of: _____

Name of Parent who is the Policy Holder: _____

Health-Related Information about Student:

1. List allergies to food, medications, other. (If None, so state.)

2. List pertinent medical information applicable to heart trouble, diabetes, epilepsy, allergies, etc. (If None, so state.)

3. Does student carry medication? (If None, so state.)

Name of medication(s): _____ **Purpose:** _____

4. Date of last Tetanus injection: _____

5. Name of family physician: _____

Address: _____ **Phone:** _____

6. Does student wear: glasses? _____ Contact lenses? _____ Hearing Aid? _____

7. Additional medical information or comments: _____

In the event that the above named student is presented for, or requires medical treatment or surgery or any other form of medical care or aid, I, parent/legal guardian of the above named student, do hereby authorize the Sponsors/ Chaperones to be consulted with, and consent to, any medical treatment or care deemed necessary by any doctor, nurse or other medical personnel. I also guarantee payment of all charges incurred for medical treatment such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

This form must be signed, notarized, and returned to the Pearce High School Band Director before the student will be permitted to participate in any off-campus activity.

_____ Given under my hand and seal of Office
Date this the _____ day of _____, _____.

_____ Signature of Parent/Legal Guardian
_____ Signature of Notary Public

(Notary Seal)