

**JACK C. HAYS HIGH SCHOOL BAND
MEDICAL/PERMISSION FORM 2018-2019**

Realizing that an injury or illness could occur to _____
(student's name)

while traveling to contests, trips, other band activities, and realizing that such an injury or illness could require diagnosis, emergency medical/and or surgical treatment, I hereby authorize such diagnostic procedures, hospital care and medical, surgical, or x-ray treatment as may be requested by physicians, their assistants and/or designees for the above named student. I also give my permission for the official chaperone (as designated by the band staff) to read this information and take appropriate action.

(Date)

(Parent/Guardian Signature)

Emergency contact name and phone number : _____

Emergency contact name and phone number : _____

INSURANCE INFORMATION

(Insurance Company)

(Policy number)

(Group #)

What over-the-counter medication may we give your student for headache, allergies, or upset stomach?

STUDENT MEDICAL HISTORY: If your child has any condition which could require emergency action, please supply us with a copy of any specific instructions that your doctor has given you.

Has the student ever been treated for any of the following? (Please check all that apply)

Heart Disease _____ Asthma _____ Seizures _____ Allergies _____ Diabetes _____

Medical Allergies _____ If so, to what: _____ Date of last Tetanus _____

Additional Information regarding any of the above _____

If the student is currently under the care of a physician, please complete all of the information below, regarding the treatment of the condition. (It is very important that we have full and complete information).

Physician: _____ Phone #: _____

Condition being treated _____

Medication being taken at this time _____

Will the student be carrying this medication in his/her luggage? _____

(IF YES, MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER)

STUDENT UNDERSTANDING: As a student at Jack C. Hays High School, I understand that I am governed by the same rules on this trip as I am at school. I understand that possession of, having used, or being under the influence of drugs and/or alcohol is prohibited and will cause me to lose my privilege to take part in graduation exercises. I understand that the school's authority to enforce policy includes the right to inspect personal luggage etc. I understand that any infraction will be dealt with according to school policy and may result in my being sent home immediately at my parent's expense. My signature indicates that I have read and understand the implications of this paragraph.

(Student signature)

(Parent signature)

(Date)