

STUDENT

George Washington High School Band
Emergency Medical Release Form & Trip Permission Slip

Student Name: _____

Age: _____

Date of Birth: _____

Parent/Guardian: _____

(Print)

Telephone #: (Home) _____ (Work) _____

(Cell/Mobile) _____

Insurance Information:

Policy Holder Name: _____

Policy Number or Policy holder SS#: _____

List any allergies or special medical problems: _____

Date of Last Tetanus Shot: _____

Any medications presently being used: _____

Yes ___ No ___ I give my child my permission to be given **Tylenol** as needed by the designated medical official that accompanies the band.

I give permission for my child to travel with the G.W. band throughout the current school year. It is understood that I shall not hold the band director, parent association, or other school authorities responsible in case of accident of injury. I also give permission for my child to be given emergency medical treatment as deemed necessary by school officials or designated representatives. I will be contacted, if possible, before any treatment is administered. I will be responsible for any expenses incurred in providing medical care.

Parent's Signature: _____ Date: _____

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____ 20 _____

Notary Signature: _____

My Commission Expires: _____ **Seal:**