

BULLARD MS PANTHER BAND MEDICAL RELEASE FORM

Dear Parent,

Your signature on this form indicates that you give permission for your child to travel to and attend any band trips, performances, rehearsals, and activities.

It is understood that the student will be chaperoned both in route and while at our activities, and the normal precautions will be taken in the interest of the child's safety. However, no sponsor, chaperone, or representative of the Bullard ISD will be held responsible for any accident or misfortune which might occur during any trip. Furthermore, the student must have assured you that he/she will behave in a manner that will reflect favorably upon the participant organization, school, and parents that he/she represents.

I, _____ (parent), do hereby agree to all conditions listed on this form and authorize the sponsor to obtain medical aid in case of accident or sudden illness. This letter will serve as official authorization to permit a doctor to render medical aid should the sponsor and/or physician believe it to be necessary.

_____ (name of student) has my permission to go on all band trips, contests, outings, etc. This authorization shall remain in effect until the close of the current school year.

Medical Information:

If your child is allergic to any foods or drugs, please list them:

A. _____ C. _____
B. _____ D. _____

List any medication that your child is presently taking.

A. _____ C. _____
B. _____ D. _____

Other important information: _____

Name of parent or guardian _____

Address: _____

Home Phone # _____ Parent cell phone # _____

Child's cell phone # _____ Other contact phone # _____

Father's Employer _____ Phone # _____

Mother's Employer _____ Phone # _____

Parent Signature: _____ **Date:** _____

Note: This form must be completed and on file in order for the child to travel with any BISSD band.