

EASTLAND ISD BAND PROGRAM

Band Travel Waiver and Emergency Medical Release – School Year:2021-2022

(Please Print except for signatures) Valid from July 31st 2021-July 30th 2022

Student Name: _____ Grade: _____

Parent/Guardian: _____

Daytime Phone: _____ Cell: _____

Other Phone: _____

Emergency Contact Person if Parent/Guardian cannot be reached:

Name	Relationship	Phone
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IMPORTANT MEDICAL INFORMATION

(illness, allergies, health concerns)

Health Concerns *(i.e. asthma)*: _____

Medical Needs for this condition: _____

Allergies *(i.e. penicillin)*: _____

** LIST ANY ADDITIONAL INFORMATION ON BACK OF THIS FORM **

PLEASE MAKE SURE THAT YOUR CHILD TAKES ANY PRESCRIPTIONS THAT ARE NEEDED FOR ANY HEALTH CONDITION. ALL MEDICATIONS MUST BE NOTED ON THIS FORM.

INSURANCE INFORMATION

Insurance Carrier: _____

Policy Number: _____

Telephone Number: _____

I hereby give permission for my child *(aforementioned student)* to travel with the Eastland Band Program. I also give permission for my child to receive emergency medical treatment by our family physician or another physician in case of an emergency. I understand that I am financially responsible for any and all expenses incurred for said treatment.

Parent/Guardian Signature

Date

