Elgin High School Wildcat Band

Medical and Travel Consent Form

Student Name: ______________________________ Student ID: ______________

I hereby request that the above student be allowed to participate in the Elgin High School Band Program and travel with the band director and/ or other representative of the School on any trip. If, in the judgment of any representative of Elgin High School, the above named student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as many be given to said student by any physician, professional trainer, nurse, or school representative. I agree to hold harmless any representative of the Elgin Independent School District from any claim of liability by any person whomever on account of such care and treatment of said student.

Permission is here by granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of serious illness, or significant accidental injury or the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named student may be given. This consent is to begin August 5, 2013 and continue until June 5, 2014 unless revoked in writing prior to that ending date.

I have the authority to grant medical consent because I am the _________________of said child.

(Mother, Father, Guardian, etc.)

Parent(s) Signature___________________________________

A photocopy of this document is as binding as the original.

Health History:

Any known drug/ food/ environmental/ etc. allergies:

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Any additional medical information:

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List daily medical information____

Date of most recent Doctor Treatment___________________

Father's Name____

Work #_________________ Home #_______________________ Cell #___________________

Email:____________________________________

Mother's Name____

Work #_________________ Home #_______________________ Cell #___________________

Email:____________________________________

Medical Insurance Company Name____

Policy #___________________________________