

Haltom High School Band 2009 - 2010
Parent Permission and Medical History/Release Form

To the Parent/Guardian:

Please read **both sides** of this form and *completely* fill out all requests for information. This form must be completed before the student can travel with the band. If you have any questions, please contact the band directors (817-547-6000). **All information will be kept confidential.**

PLEASE PRINT AND USE A BLACK OR BLUE PEN

Student Information and Medical History:

Student's Full Legal Name _____

Instrument Played _____ Date of Birth _____ Height _____ Weight _____

Home Address _____ City/Zip _____

Parent/Guardian Full Name _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Email _____

Relative/Other Responsible Party Name _____ Phone _____ - _____ - _____

Family Physician _____ Phone _____ - _____ - _____

Medical Insurance Co. _____ Plan # _____

Any Other Insurance Information _____

List any drug/other allergies (penicillin, codeine, aspirin, bee sting, etc.) _____

Date of last Tetanus Shot _____

Answer YES or NO to the following information. Does your child have a history of: Asthma? _____

Allergies? _____ Epilepsy? _____ Diabetes? _____ Rheumatic Fever? _____

Emotional Problems? _____ Operations? _____ Any Serious Medical Conditions? _____

Currently taking prescription drugs? _____ Currently under medical treatment? _____

If you answered Yes to any of the above questions, please provide dates if applicable, explain medical conditions and treatment, also include names, dosages, and frequency of any prescription drug(s) the student is taking:

Student's Name _____

Non-Prescription Drug Administration Release:

By my signature below, I am giving Birdville ISD Staff Members and/or sponsors who are chaperoning, **permission to administer NON-PRESCRIPTION DRUGS** (non-aspirin pain reliever, cold remedies, etc.) to the above name student as he/she deems necessary.

Exceptions are: _____

Parent/Guardian Signature _____ Date _____

Emergency Medical Release:

By my signature below, I am **giving permission** for medical treatment to be administered to the above named student by a physician and/or a hospital for any medical or surgical treatment deemed necessary.

Medical Insurance Company _____ Plan # _____

Parent/Guardian Signature _____ Date _____

Permission to Swim:

By my signature below and circling YES, I am **giving permission** for my child, _____

Permission to swim in the ocean - YES or NO

Permission to swim in the pool at the Condos/Hotel – YES or NO

Parent/Guardian Signature _____ Date _____

Permission Slip:

By my signature below, I am **giving permission** for my child, _____, to travel with the Haltom High School Band during the current academic school year. I agree to all of the expectations for behavior from my child and the consequences if my child does not comply.

Parent/Guardian Signature _____ Date _____