

The Highlander Band

HIGHLANDER BAND

MEDICAL RELEASE AND EMERGENCY INFORMATION 2017-2018

My student: (please print legibly) _____ has my permission to leave Highland Park High School to attend all band activities during the 2017-2018 school year. This will include football games, parades, trips, and other field trips away from the high school.

I understand that the Highland Park High School/Highland Park Independent School District and its employees and/or sponsors/chaperones are not liable for injuries suffered by students while on any school-sponsored trip. Realizing the potential of a medical emergency, I authorize the directors and/or chaperones to secure medical attention for my student, and agree to be financially responsible for medical services. I understand that an attempt will be made to contact me in case of such an event. I also understand that if my child acts in an unbecoming manner, you have my permission to notify me and send him/her home at my expense.

Please describe any allergies or pertinent medical information regarding your student.

Medical Insurance Policy Information:

****NOTE: You must staple a copy of BOTH sides of your health insurance card to this document.**

PLEASE help us save time on Registration Day by bringing copies of your card.

Your student will not be allowed to travel with the band if we don't have a copy of your insurance card.

Insurance Carrier _____

Name of Insured _____

Policy/Group Number _____

1st Parent Email: _____

Cell: _____ Home: _____

2nd Parent Email: _____

Cell: _____ Home: _____

Print name (parent or guardian) _____

Signature (parent or guardian) _____

Date _____