

**HIGHLAND PARK HIGHLANDER BAND
MEDICAL RELEASE AND EMERGENCY INFORMATION 2016-2017**

My student: (please print legibly) _____ has my permission to leave Highland Park High School to attend all band activities during the 2016-2017 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 this to the event! Your student will not be allowed to travel with the band if we don't we 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 _____