

BAND TRAVEL RELEASE FORM

Splendora Independent School District
Splendora Junior High School Band
23411 FM 2090
Splendora, TX 77372

Travel Release and Medical Information Sheet

_____ has my permission to go on all Band events for the 2020-21 school year. We will abide by all Splendora Junior High School rules as stated in the student handbook. We understand that the sponsor and chaperones have the right to search handbags or any personal belongings for illegal items to protect the entire group. We understand that the Splendora Independent School District, the sponsor, driver and chaperone cannot be held liable for accidents.

Signed: _____
Parent or Guardian

Signed: _____
Student

Home Phone: _____ Parent Cell Phone: _____

Family Physician's name and phone number: _____

Known Allergies of student: _____

Hospitalization Policy: _____ Policy Number: _____

Other Insurance: _____ Policy Number: _____

If emergency treatment or surgery is needed, a minor cannot be operated on without the consent of a parent or guardian. Parents should consider and act at their discretion on the following:

I give permission for _____ to receive emergency treatment or surgery by a qualified physician if the need should arise.

I also give permission for _____ to receive emergency treatment or surgery in any duty licensed hospital by a qualified physician on the hospital staff if the need should arise.

Parent's or Guardian's Signature: _____

Please list any other medical information that may be pertinent:

SJH Band Medical Release 2020-2021

Parents,

For the Band Parents/Directors to administer any medications to your child, we must have written consent. Please check the items listed below that you will allow your child to have. You must also indicate the amount of medication they may be given. Without this release, under no circumstance, will we be allowed to administer any medication to your child during any band activities, fields trips, etc.

Date: _____

I allow my child, _____,
to receive the medications indicated as needed, also bandages/wraps.

Please check those appropriate.

_____ Pain Reliever (Tylenol Type)

_____ Ibuprofen

_____ Midol type

_____ Eye drops

_____ Contact Lens Solution

_____ Pepto Bismol

_____ Benadryl

_____ Spray insect repellent

Any allergies? _____

Parent Signature _____