

# 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 2021-22 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 2021-2022**

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 \_\_\_\_\_