

## TRAVEL & MEDICAL RELEASE

### ROCKET BAND OF BLUE / FORREST HIGH SCHOOL

CHILD'S FULL NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_

DAY# \_\_\_\_\_ EVENING# \_\_\_\_\_ CELL# \_\_\_\_\_

**HEALTH HISTORY**

OPERATIONS (within the last year) \_\_\_\_\_

EMOTIONAL PROBLEMS \_\_\_\_\_

ANY SPECIAL HEALTH PROBLEMS IN PAST \_\_\_\_\_

ALLERGY TO FOODS OR DRUGS (specify) \_\_\_\_\_

MEDICATIONS STUDENT IS TAKING \_\_\_\_\_

IS STUDENT UNDER MEDICAL TREATMENT AT PRESENT? \_\_\_\_\_

REASON \_\_\_\_\_

LAST TETANUS SHOT \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

GROUP NAME \_\_\_\_\_

ID# \_\_\_\_\_ GROUP# \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_

**CONSENT FOR TRAVEL AND MEDICAL RELEASE**

I consent for \_\_\_\_\_ to travel with the Rocket Band of Blue to all contests, parades, band camp and any other activity between July 1, 2009 and June 30, 2010. I further consent to any medical treatment of any nature rendered by any licensed medical professional or institution to \_\_\_\_\_ during any travel with the Rocket Band of Blue between July 1, 2009 and June 30, 2010. We will make every effort to contact you first, but in the event that you cannot be reached, the above will come into play.

I further release from liability any person or entity whatsoever who renders any medical assistance or treatment to \_\_\_\_\_ during travel with the Rocket Band of Blue between July 1, 2009 and June 30, 2010.

I understand that while \_\_\_\_\_ is involved with any and all extracurricular activities with the Rocket Band of Blue that all rules and regulations of the Marshall County Board of Education and those outlined in the Forrest School Student Handbook apply. As a parent/guardian, I fully understand the zero tolerance policy regarding ALL drugs, tobacco and alcohol.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*Please provide a copy of your insurance card (front & back) with this completed form.\*\***