

TRAVEL & MEDICAL RELEASE

ROCKET BAND OF BLUE / FORREST HIGH SCHOOL

CHILD'S FULL NAME: _____ GRADE _____ D/O/B: _____
(as of August 2010)

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, 2010 and June 30, 2011. 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, 2010 and June 30, 2011. 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, 2010 and June 30, 2011.

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.****