Midway Band Medical Release
FIELD TRIP PERMISSION FORM

Date _____

My child _____ has my permission to attend the following field trip:

Class_____High School Band_____Trip Sponsor _Pam Hyatt, Kenneth Moss, Sarah Moss, Alexa Sanchez_

Destination _____All band events (football games, contests, and field trips for the 2019-20 school year)_____

Date of Trip _2019-2020 _School Year____ Transportation _____Charter Bus_____

Time Leaving Campus_____TBA_____ Time Returning to Campus_____TBA_____

Authorization to Consent to Medical Treatment of a Minor

In case there is an emergency, please provide the following information. This form is necessary because many hospitals will not begin treatment of an injured/ill minor if parental consent cannot be obtained. The presence of this form allows the doctors to begin emergency treatment at once. Of course, you will be notified as soon as possible if your child requires emergency hospital care. If you have Medical Insurance, please give the following information:

Name of Company _____Policy Number_____

If I (parent/guardian) cannot be reached please contact:

_____   _____
Contact Person   Telephone Number

_____   _____
Contact Person   Telephone Number

_____   _____
Child's Doctor   Doctor's Telephone Number

If your child has an existing health condition, please indicate:

Heart Trouble _____ Allergies _____ Epilepsy _____

Asthma _____ Diabetes _____ Other _____

Signature

I agree to indemnify and hold you, or your representative, and the Midway Independent School District harmless from any claim for injury or damage to my child during this trip.

I give authority to Midway Independent School District to consent to medical treatment of the child(ren) in the event that you cannot be contacted. The Midway Independent School District is an educational institution in which the child(ren) is/are enrolled. I assume all responsibility for bills incurred for medical expenses in excess of any insurance coverage on the student. (Parents will be notified of an injury immediately).
I have read, understand and agree to abide by the Student Conduct Rules & Regulations on the reverse side of this form.

_____   _____
Parent/Guardian's Signature   **Student's Signature**

_____   _____
Telephone Number   **Date**