

SUNDOWN ROUGHNECK BAND

TRAVEL AND MEDICAL RELEASE

STUDENT'S NAME: _____

I hereby give my son/daughter permission to participate in the UIL State Marching Contest trip to San Antonio, TX on November 4, 5, and 6, 2007. Transportation will be provided by school owned vehicle. I affirm that my son/daughter and I have read and understand the *Roughneck Band Overnight Travel Rules*, and we accept and agree to be supportive of these rules. If my son/daughter should be dismissed from the trip by the SHS band director at any time for violation of these rules, I accept full liability and financial responsibility for his/her return trip home.

In the case of accident or sudden illness to my son/daughter, and in the event that I cannot be reached by telephone, I hereby authorize the SISD band directors or any designated chaperone to refer my son/daughter to a hospital emergency room physician. If, in the opinion of a medical doctor, life-saving measures for my son/daughter including but not limited to X-rays or surgery become necessary, and I cannot be reached by telephone, I give the SISD band directors or any designated chaperone permission to authorize such measures.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PARENT OR GUARDIAN'S NAME: _____

HOME PHONE: _____ **WORK PHONE:** _____

**OTHER EMERGENCY CONTACT NAME AND
NUMBER:** _____

(PLEASE SEE BACK OF PAGE)

MEDICAL INSURANCE COMPANY: _____

MEDICAL INSURANCE POLICY NUMBER: _____

LOCAL DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____

LIST ANY KNOWN MEDICAL CONDITIONS FROM WHICH YOUR SON/DAUGHTER SUFFERS: (asthma, diabetes, epilepsy, etc.)

LIST ANY MEDICATIONS (PRESCRIPTION AND NON-PRESCRIPTION) YOUR SON/DAUGHTER IS CURRENTLY TAKING:

LIST ANY MEDICATIONS TO WHICH YOUR SON/DAUGHTER IS KNOWN TO BE ALLERGIC: