

# **SUNDOWN ROUGHNECK BAND**

## ***TRAVEL AND MEDICAL RELEASE***

**STUDENT'S NAME:** \_\_\_\_\_

I hereby give my son/daughter permission to participate in the National Independence Day Parade trip to Washington, D.C., Philadelphia, and New York City on July 2-7, 2007. Transportation will be provided by school owned vehicle, commercially chartered airplane, and commercially chartered bus. 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:**