

**Salina South High School Band Field Trip Permission Medical Form
for the School Year 2018-2019**

*****All signatures must be performed in front of a notary**

Name of Sponsors: Mr. Darren Brooks and Mrs. Wagoner

This form covers all trips the band travels on during the 2018-2019 school year.

- I. I give my permission for (Student's Name) _____ to ride in transportation provided by the school district with a driver certified to drive said vehicle.

Signature of parent/guardian _____

- II. I, the **parent/guardian**, have read and understand the rules and information presented about the field trip and do agree to abide by the sponsor's instruction, expectations and rules. I understand that if my student does not abide by the rules and expectations that my student will be sent home at my expense.

Signature of parent/guardian _____

- III. I, the **student**, have read and understand the rules and information presented about the field trip and do agree to abide by the sponsor's instruction, expectations and rules. I understand that if I do not abide by the rules and expectation that I will be sent home at my expense.

Signature of parent/guardian _____

- IV. I, the **parent/guardian**, authorize medical treatment for my student in the event of an emergency.

Signature of parent/guardian _____

NOTARY SEAL

Student's Name: _____ Address: _____

Parent/Guardian Name: _____ Home Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Any Additional Phone Numbers: _____

Doctor's Name and Phone: _____

Insurance Company: _____ Policy Number: _____

MEDICAL INFORMATION:

Allergies:

Prescribed Daily Medication:

Date of Last Tetanus Immunization:

Other Health Information: