

**HEMPSTEAD SCHOOL BAND TRAVEL &
MEDICAL PERMISSION FORM
2017-2018**

I agree to allow my child to attend ALL BAND ACTIVITIES FOR WHICH HE/SHE IS ELIGIBLE. I understand that while student safety is a high priority for the District, under State Law, the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them, which result from my child's actions on each trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

STUDENT NAME: _____ Date of Birth _____

ADDRESS: _____ City _____ Zip _____

Student Social Security Number _____

Parent/Guardian Phone Numbers: _____

Cell Phone: _____ Alternate Phone: _____

PERSON (OTHER THAN PARENT/GUARDIAN) TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

(This information is very important. Please provide the name and phone number of a relative or family friend who will know how to find you in an emergency. Please do not use any of the phone numbers listed above. If your child is injured, or becomes ill while away from school, it is vital that school personnel are able to contact you as quickly as possible.)

Family Physician's Name _____ Phone # _____

Known Allergies or Medical Conditions: _____

Due to travel and extended rehearsals, the Band Director is authorized to treat your student with the minimum dosage of basic over-the-counter medicines such as Tylenol, ibuprofen, Pepto-Bismol, Benadryl, etc.... Please list below any items the student SHOULD NOT receive and indicate your approval.

DO NOT Administer the following: _____

Medications currently using: _____

Insurance Carrier: _____ Policy #: _____

(To be used for emergency treatment only. Parent and school administrators will always be notified of emergencies.)

Parent/Guardian Signature: _____ Date: _____

RETURN TO MR. WALKER