

John Horn High School
Jaguar Band
EMERGENCY TREATMENT RELEASE

I _____,

the parent and/or legal guardian

of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the above noted minor, my express permission to TRAVEL WITH THE JOHN HORN HIGH SCHOOL BAND. I further expressly grant my permission for my child to participate in all activities. I understand the students will be as closely chaperoned as possible during this band. I release the school from any and all liabilities.

In the event there arises an emergency necessitating medical attention for my child, I do hereby authorize that treatment be given by qualified and licensed medical personnel. I understand I will be notified as quickly as possible and that all expenses incurred in treatment will be assumed by my insurance or by me. Should medical attention be needed, I hereby authorize directors and/or chaperons to administer aid until said qualified and licensed medical personnel arrive.

Address _____

Home Phone _____

Bus. Phone _____

Signature (parent and/or guardian)

Jaguar Band
CONFIDENTIAL MEDICAL INFORMATION

Family Doctor _____

Telephone _____

Hospitalization: Company _____

Policy Number/Group Number _____

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. Indicate any medication or drugs to which the student is allergic:

List any regular medication the student is taking

List any other information which may be helpful

Current immunization status:

Tetanus _____ Polio _____

Two other local contacts in case of emergency:

Name _____ Telephone _____

Name _____ Telephone _____