

Consent for Travel and Medical Treatment of Minor 2010 – 2011

This form must be in the possession of the Band Director before the member is allowed to travel with the band outside the district. The student/parent is responsible for keeping the health information current.

I, being the parent / guardian / custodian of _____, a minor, the age of _____, do hereby authorize, request, and give my permission for the above named to travel with the Wentzville Holt High School Band on all trips during the school year, and be treated by any physician and/or medical facility while on any band trip, as I may be unable to give my permission due to my absence or the inability of being contacted by a physician or medical facility.

YES NO Tylenol or _____ may be given by a band
(Please Circle) sponsor if needed.

Allergies, medication, or medical conditions to be aware of: _____

Date of Birth _____ Date of last Tetanus Booster: _____

Date _____ Signature _____

Mailing Address: _____
(Street) (City) (Zip)

Phone: (Home) _____ (Work) _____

Emergency Contact: _____
(Name) (Phone Number)

Family Physician: _____ Phone: _____

Health Insurance: _____ Policy Number: _____

Subscribed and sworn to before me the _____ day of _____ 20__.

Notary Public

In and for the county of St. Charles, State of Missouri.

My commission expires _____

MUST BE NOTARIZED TO BE OFFICIAL!!!