

# Consent for Travel and Medical Treatment of Minor 2011 – 2012

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.

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Allergies, medication, or medical conditions to be aware of: \_\_\_\_\_

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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: \_\_\_\_\_

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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!!!