



The Red Oak High School Band

MEDICAL and TRAVEL RELEASE FORM

Please notify the band office if any changes are made to the information on this form.

Student name _____ Date of Birth _____

Parent names _____

Home address _____

Home phone _____

Work phone _____

Cell phone _____

Another phone where a message could be left _____

Family Doctor's Name _____ Office Phone _____

Please list any ALLERGIES that the student has. Include any DRUG ALLERGIES in case treatment is needed:

List any MEDICATIONS that the student is taking, or might need to take:

Please list any MEDICAL CONDITIONS that could affect the student's level of participation:

Okay to dispense basic over-the-counter pain medication? (i.e.—Advil, Tylenol) Yes ____ No ____

I do hereby give my child permission to travel with the Red Oak High School Band. I understand the method of travel may be by school bus, charter bus, and or private conveyance. Further, I do hereby give Richard Thomas or his designee the authority to seek medical attention for the above named person in the event of emergency or in any situation that medical attention is necessary.

Parent signature _____ Date _____

Please list the health insurance provider and policy number under which the student is covered.

Insurance provider _____ Policy # _____