

WISD Fine Arts

Medical Release Form/Permission Slip

Students Last Name	First Name	M.I.
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Home Address	City	Zip	Home Phone
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Mother's/Guardian Name	Work Phone Number	Cell Phone
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Father's Guardian Name	Work Phone Number	Cell Phone
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Name of Person to contact in case of emergency	Phone Number
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Name of Insurance Company	Name of Insured
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Policy/Certificate Number	Group Number
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List any pertinent medical information applicable to allergies, nervous disorders, heart disease, diabetes, epilepsy, asthma, medications taken regularly, etc.

The parents or guardian of each student attending school related events grants the sponsor or other persons in charge, permission to obtain medical help if needed and releases the school and sponsor from liability for any occurrence in relation to said activities. Such treatment will be administered only by a licensed nurse or doctor. We, the parents/guardians, agree to accept responsibility for all authorized doctor, hospital, and medical expenses incurred.

Parent/Guardian signature: _____

We, the parents/guardians hereby give permission for _____ to travel and
(Student's name)
participate with the Lynn Lucas Middle School Band at all school sponsored field trips and events during the 2023-24 school year. The directors and/or nurse on any trip have my permission to give my child Ibuprofen for headaches or other pain while traveling with the Band.

_____ YES, the DO have my permission

_____ No, they DO NOT have my permission

Please complete this form and return it to the Band Directors.
Students must have this form on file before traveling with the Band.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____