

## Confidential Medical Information and Release Statement

Student Name \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Hospitalization: Company \_\_\_\_\_ Number \_\_\_\_\_

It is important for those adults accompanying the band on trip to be aware of any medical problems.

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

\_\_\_\_\_

List any regular medication the student is taking: \_\_\_\_\_

Is the medication to be **self-administered** or **administered by one of the adults with the group**?

Please circle one.

List any other information, which might be helpful \_\_\_\_\_

\_\_\_\_\_

Current immunization status: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Two other contacts in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_, the parents / guardians of

\_\_\_\_\_, a Minor, have entrusted such minor into the care of Midlothian ISD

Band Staff for the purpose of taking part in all band activities. In such connection, we authorize such caring adults to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of, physician and surgeon licensed under the provisions of the Medicine Practice Act, or, if in another state or country, under the provisions of law in that state or country governing the practices of medicine; or to consent to any X-Ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of law in that state or country governing the practice of medicine. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kind of responsible deliberations as we as such minor's parents would have to consider it. We further authorize such caring adults to arrange for and hire an ambulance or other emergency vehicle to transport, at our expense, such minor of a suitable place where medical or dental care is provided. It is understood that these arrangements are to be made at our expense.

In the event there arises an emergency necessitating medical attention for my child, I do hereby authorize school personnel to take whatever action they deem necessary including medical treatment by qualified and licensed medical personnel for the above named student. 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 immediate medical attention be need, I hereby authorize directors and/or chaperones to administer aide until said qualified and licensed medical personnel arrive.

Permission is hereby granted for the supervising teachers and/or trip chaperones who will accompany the group to administer non-prescription medication for the relief of minor discomfort and/or to administer approved emergency and first aid care as necessary.

\_\_\_\_\_  
Signature of Parent/Guardian Date Signature of Parent/Guardian Date

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
Home Phone Business Phone Home Phone Business Phone

State of Texas

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ as attorney-in-fact on behalf of

(Date) (Name of attorney-in-fact)

(Name of principal) \_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_