

# Alpine Fightin' Buck Band

## Medical Information/Trip Permission Form

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parents or Legal Guardians: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*e-mail will only be used for mailing list of band information (notes home) and director contact*

Home Phone: (432) \_\_\_\_\_ Cell Phone: (432) \_\_\_\_\_

Work Phone: (432) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical History of Student: (Check Yes or No)

	Yes	No		Yes	No
Diabetes	_____	_____	Dizziness	_____	_____
Drug Allergies	_____	_____	Convulsions	_____	_____
Asthma	_____	_____	High Blood Pressure	_____	_____
Epilepsy	_____	_____	Heart Disease	_____	_____
Fainting Spells	_____	_____	Stomach Disorder	_____	_____
Kidney Disease	_____	_____	Hay Fever	_____	_____
Liver Disease	_____	_____			

Operations (within the last year): \_\_\_\_\_

Emotional Problems (i.e. hyperventilation, hysteria): \_\_\_\_\_

Serious Medical Problem not mentioned above: \_\_\_\_\_

Allergies to Drugs: \_\_\_\_\_

Allergies to foods and other agents: \_\_\_\_\_

List medications your child might have to use on the trip: \_\_\_\_\_

Please notify in writing any condition not mentioned on this form that you think the directors should know.

### PARENT/GUARDIAN STUDENT RELEASE AND AGREEMENT

I give permission for my son/daughter to attend the band trip to Washington D.C. and to have pictures and video published of all student activities. I agree to follow all school rules and the instructions of the sponsors in a respectful, cheerful manner. My signature also serves as permission for school personnel to obtain medical treatment for my son/daughter. I understand that AISD and Alpine High/Middle School will not be liable for injuries and medical costs in the event of an accident, and that AISD and Alpine High/Middle School will not be liable for any personal items lost or damaged during band activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date