

STUDENT/ADULT PERMISSION & MEDICAL RELEASE FORM

I, _____, give permission for
(parent or guardian)

_____,
(name of participant)

to travel with **St. Charles East High School Band** to **Orlando, Florida**.
(name of organization) (trip destination)

The group will depart on **June 8, 2009** and return on **June 14, 2009**.
(departing date) (return date)

In the case of an emergency, please contact

(emergency contact and relation to participant)

at _____ or _____.
(phone number) (second phone number)

As parent or guardian of _____, I authorize
(name of student)

treatment of the above mentioned student by a qualified physician or nurse in the event the student would require medical treatment. I understand that should a serious or life-threatening medical emergency arise, initial treatment of the student may be rendered by an individual, trained in first aid, if in the opinion of that individual, delay might endanger his/her life, cause disfigurement or undue comfort. On the Medical Information Form I have listed any allergies, ongoing medical treatment, or medical problems which might influence treatment of the student. I will be responsible for charges incurred for the student's treatment. This permission is granted with the understanding that except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Signature

Date

Address

Home Phone