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STUDENT NAME: LAST

FIRST

MID. INTIAL

2018 Chicago Trip

**Permission Form/ Insurance and Health Information**

WITHOUT THIS FORM YOUR CHILD WILL NOT BE PERMITTED TO ATTEND  
THE CHICAGO TRIP 2018

My son/daughter \_\_\_\_\_ has my permission to attend Band Trip to Chicago Illinois.  
The trip is from June 1st through June 3rd, 2018.

EMERGENCY PHONE NUMBERS

Home

Work

Cell

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Other \_\_\_\_\_

E-mail \_\_\_\_\_

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In the event of an EMERGENCY, I hereby give my permission to the following persons to pick up my child from CHICAGO Trip 2018. (My child will be released only to the names listed below, with proper ID.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

I expressly direct that if my son/daughter is dismissed from CHICAGO Trip 2018 and arrangements cannot be made by me or one of the above permitted persons to transport him/her home, I agree to cover the expense of public transportation:

I, \_\_\_\_\_, give my permission for medical treatment to be given to my child, \_\_\_\_\_, in case of illness or injury and/or to have routine medical care administered while on competition trips of any band related function, including 2018 CHICAGO Trip.

**X**

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***Signature of parent or Legal Guardian***

Insurance \_\_\_\_\_ Group# \_\_\_\_\_ Service# \_\_\_\_\_

Contract# \_\_\_\_\_ Local# \_\_\_\_\_ Certificate# \_\_\_\_\_

Coverage# \_\_\_\_\_ Co-Pay \_\_\_\_\_

History	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
FAINTING			PAINFUL JOINTS			RECURRANT EAR PROBLEM		
ASTHMA			BACKACHES			BACK ARM OR LEG PROBLEM		
DIABETES			NOSEBLEEDS			FOOD ALLERGIES		
HEART CONDITON			SHORTNESS OF BREATH			MEDICATION ALLERGIES		
ANEMIA			HERNIA			ENVIRONMETAL ALLERGIES		
BLURRED VISION			FREQUENT SORE THOARTS			PHYSICAL LIMITATION		
HEADACHES			STOMACH PAINS			ANIXETY		
EPILEPTIC			NERVOUS STOMACH			DEPRESSION		
BLACKOUTS			BEHAVIOR DISORDER			GLASSES		
RECENT SURGERIES			SLEEP WALKING			CONTACTS		

**If a yes answer is given above or if another condition exists please explain in full detail:**

Current drugs/medications	Dosage	Purpose

**All MEDS must be in the original containers and Labeled with the student's Name.**

**If you would like a 2018 CHICAGO Trip Shirt**  
**Please Mark your shirt Size below!**

**Student's T-Shirt Size:** Sm, M, Lg, XL, 2XL, 3XL (Circle one – Adult sizes only)

I, \_\_\_\_\_, give the Gibraltar Music Boosters permission to post pictures or video of my student, \_\_\_\_\_, on their website at [www.gibraltarband.org](http://www.gibraltarband.org).

\*\*\*COPY OF INSURANCE CARD\*\*\*