



PORTER HIGH SCHOOL BAND MEDICAL CONSENT FORM

I, the undersigned parent or guardian of ___ give my child permission to travel with the Instrumental Music Program on any school sponsored event that may occur during the signed and dated school year.

Parent/Guardian Signature: _____ Date: _____

CONSENT TO TREAT A MINOR

Should the director or designated chaperone not be able to contact a parent or guardian, I, the undersigned, do hereby authorize the chaperone(s) for the Porter High School Instrumental Music Program to obtain medical treatment for my child by a licensed physician/surgeon at an office or hospital. After treatment of the above named minor, their physical custody shall be returned to the chaperone(s) for the Porter High School Instrumental Music Program. These forms will travel with the band director at all events in the unlikely event of an emergency.

Parent/Guardian Signature: _____ Date: _____

INSURANCE INFORMATION

Name of Company: _____ Group Number: _____
 Policy Number: _____ Phone Number: _____

EMERGENCY INFORMATION

Mother's Name (please print): _____ Father's Name (please print): _____
 Mother's Work Phone: _____ Father's Work Phone: _____
 Mother's Cell Phone: _____ Father's Cell Phone: _____
 Mother's Home Phone: _____ Father's Home Phone: _____
 Medical Issues: _____

Allergies and Medications: _____

EMERGENCY CONTACT INFORMATION (name of a non-parent we can reach in case of emergency)

Name	Phone	Relationship
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