



Field Trip Travel Permission
And Medical Information

Staff Use Only:
Allergies:
Asthma Inhaler:
Epi Pen:

Campus: Westview Middle School Organization: Band Academic Year: 2019-2020

Student Name: Age: Gender: M / F
(Last, First) (Circle One)

Date of Birth: Instrument: Grade: 6 7 8
Month Day Year (Circle One)

Parent/Guardian Name(s):

E-mail:

Full Address:

Phone Number(s): Please list all where you can be reached.

Phone Number(s): H( ) Wk ( ) Cell ( )

Emergency Contact: (Other than parent/guardian.)

Name: Relationship:

Full Address:

Phone Number(s): H( ) Wk ( ) Cell ( )

Medical Information:

Doctor's Name: Phone Number: ( )

Health Insurance Carrier:

Policy Holder Name: Policy #:

Physical History:

List special medical problems (asthma, diabetes, allergies/anaphylaxis, seizures, etc.):

List any known allergies to food/medications/etc.:

Does participant carry medications on person? (If yes, please state):

Does your child have a medical condition which requires prescription medication to accompany and possibly be administered on school sponsored trips?(Circle one) Yes No

If yes, please complete the Prescription Medication Authorization Form.

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**Permission:**

In the event of an injury/illness requiring medical attention, I hereby grant permission to the supervising teacher and/or staff (including volunteers/chaperones), to attend to my son/daughter. If the injury/illness requires further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for further necessary medical treatment to be given. In addition, I also give my permission for the supervising teacher and/or staff (including volunteers/chaperones), to transport my child to the physician, dentist, clinic, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. I understand that treatment will not be delayed in the event I cannot be contacted. I understand and agree that I, and/or my child's other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child. In addition, I grant my child permission to ride school transportation to the ***BAND FUNCTIONS THROUGHOUT THE SCHOOL YEAR.***

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

*The information provided on this form will be handled in a confidential manner. Information provided on this form will be shared with staff/chaperones as necessary to maintain your child's safety.*

**2019-2020 BAND TRAVEL FUNCTION DATES ARE SUBJECT TO CHANGE.  
MOST UP TO DATE INFORMATION MAY BE FOUND ON THE CALENDAR ON THE  
BAND WEBSITE AT [WWW.WESTVIEWWILDCATBAND.COM](http://WWW.WESTVIEWWILDCATBAND.COM).**

**\*\*NOT ALL FUNCTIONS APPLY TO ALL STUDENTS\*\***

**2019-2020 Band Functions**

Pfestival of Bands- October 7, 2019

District Band Auditions- October 26, 2019

Middle School Night- Date Pending

Region Band Auditions- November 2, 2019

Orchestra Clinic and Concert- November 14-16, 2019

Region Band Clinic and Concert- December 13-14, 2019

Elementary Recruiting Concerts- Date Pending

UIL Pre-UIL Evaluation- February 25-26, 2019

UIL Evaluation- March 5-6, 2019

Spring Trip- Date Pending