

Highland High School Band Program 2017-2018 School Year

Parent/Legal Guardian Permission & Consent for Emergency Care

Last Name First Name Middle Grade Birth Date Student ID#

Parent/Legal Guardian Information

Parent/Legal Guardian Name _____ Date _____

Work Phone _____ Home Phone _____ Cell Phone _____

Address _____
Street City State Zip

Nearest Relative or Friend _____ Phone _____

Family Doctor _____ Phone _____

Hospital _____ Phone _____

Health Insurance _____

Consent for Activities Emergency Care

Be it known that in the event I cannot be reached, I the undersigned parent or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment, or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity or approved field trip sponsored by Highland High School.

It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

It is further understood that insurance or the parent/legal guardian of the student will pay any expenses incurred. Payment of the expenses is not a school responsibility.

By way of signature, I give my consent _____
Parent/Legal Guardian Signature

I give permission for my student to participate in organized interscholastic activities and approved field trips, realizing that such activity involves the potential for injury, which is inherent in all activities. I acknowledge that even with the best instruction, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility.

I acknowledge that I have read and understand this warning.

 Parent/Legal Guardian Signature