



All information must be complete. Please print.

BAND PERMISSION & MEDICAL RELEASE

I hereby give permission for my student: _____

to go on all band trips or activities related to football games, contests, trips, parades, etc. for the period of time **beginning on July 25, 2011 and ending July 24, 2012.**

As parent or legal guardian of the student named above, I release and discharge the Dripping Springs Independent School District, its officers, employees, agents, representatives, and volunteers from any and all claims, suits, actions, causes of action, expenses, costs, and demands for any direct or indirect personal injuries or property damages associated with, related to, or arising from my student's voluntary participation in the band program including extracurricular trips and activities.

I acknowledge that my student is bound by the Dripping Springs ISD Student Code of Conduct and the Extracurricular Code of Conduct while participating in band trips or activities and is subject to disciplinary consequences. At the sole discretion of the Director, a student may be immediately removed from band trips or activities for conduct that fails to meet expectations of band participants or for conduct inconsistent with the Codes of Conduct. Upon notice by the Director of a student's removal from a band trip or activity, the parent(s) or legal guardian(s) of the student shall be solely responsible for arranging for the transportation of the student from the trip or activity at their own expense. A student removed from a band trip or activity may face additional disciplinary consequences assessed by the Director and/or campus administration in conformity with the Dripping Springs ISD Student Code of Conduct and/or the Extracurricular Code of Conduct.

I hereby grant my authorization and consent to medical care, treatment, procedure, or physician consultant deemed necessary in order to insure the safety of the child listed on this form. I authorize any DSISD employee or volunteer to seek any medical care deemed necessary for my child. I will be responsible for all medical fees incurred. Neither DSISD nor any of its schools are liable in the event of an accident or injury occurring from my/our child's participation in the band program, except as allowed by law. I agree to notify the school immediately if the health status of this child changes.

I have carefully read and understand the Band Permission & Medical Release form. I voluntarily agree to the terms stated herein as shown by my signature and the signature of my student below.

Parent/Guardian 1

Signature: _____ Name: _____ Date: _____

Telephone: _____

Parent/Guardian 2

Signature: _____ Name: _____ Date: _____

Telephone: _____

Student

Signature: _____ Name: _____ Date: _____

Please fill out the medical information on the back side of this form.

DSISD BAND - MEDICAL INFORMATION

Student's Name: _____ DOB: _____ Grade: _____

PLEASE ATTACH A COPY OF PARENT'S INSURANCE CARD

Insurance Company: _____

Policy Number: _____ Amount of Copay: _____

Students should bring any leg, ankle, or foot braces they normally use with them on any trips, to prevent injury.

Please fill out items below to alert us of any problems:

ALLERGIES and ASTHMA:

1. Does this child have asthma that has been diagnosed by a doctor? Yes _____ No _____

If yes, what treatment and/or medications have been prescribed? _____

2. Please list any severe allergies and recommend treatment: _____

INJURIES, ILLNESSES and SURGERIES:

1. List injuries, illnesses, surgeries and medical problems Age Hospitalized?

	Age	Hospitalized?
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Does this problem or condition require any special health care at school? _____

ADDITIONAL INFORMATION:

1. What medications are given daily? _____

2. List any other comments or concerns about this child's health _____

3. Physician's Name, Office Phone and Fax Number _____

PARENT/GUARDIAN CONTACT INFORMATION:

Parent 1: _____ Work: _____ Home or Cell: _____

Address: _____ E-mail: _____

Parent 2: _____ Work: _____ Home or Cell: _____

Address: _____ E-mail: _____

IT MAY BE NECESSARY TO CONTACT YOU DURING THE SCHOOL DAY. IF YOU CANNOT BE REACHED, THE SCHOOL WILL CALL THE PERSON(S) LISTED BELOW:

Name: _____ Phone: _____

Name: _____ Phone: _____