

BOONEVILLE BLUE DEVIL BAND

2023-2024 TRAVEL & MEDICAL RELEASE FORM

Full Name of Student: _____
(Last) (First) (Middle)

Address: _____ Date of Birth: _____
_____ Age: _____

Mother's Name (or Female Guardian): _____

Mother/Guardian Cell # : _____ Mother/Guardian Work # : _____

Father's Name (or Male Guardian): _____

Father/Guardian Cell # : _____ Father/Guardian Work # : _____

In the event of an emergency, who should be called first? _____

Family Doctor: _____ Doctor # : _____

Health Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____

AUTHORIZATION BY PARENT OR GUARDIAN TO PROVIDE TRAVEL AND MEDICAL CARE FOR A MINOR CHILD

Full Name of Child: _____

Full Name of Father or Male Guardian: _____

Full Name of Mother or Female Guardian: _____

TRAVEL: My child has permission to travel with the Booneville Band to all events and competitions during the 2023-2024 school year.

MEDICAL: In the event of an illness or medical emergency, the sponsors and/or chaperones are granted permission to seek any and all necessary medical attention for my child. Pending approval by the sponsor and/or chaperone, I grant permission for the provision of medical care and treatment of my child to any medical facility and/or physician licensed to provide necessary medical care. This permission is granted in my absence as the parent/guardian of my child, with the understanding I will be notified immediately if such treatment or intervention becomes necessary.

INDEMNIFICATION: In the event of a travel or medical emergency, I agree to hold harmless and blameless the Booneville School District and its employees, affiliates, and agents for any and all liability related to travel with the Booneville Blue Devil Band.

Signature of Father or Male Guardian: _____ Date: _____

Address: _____ Phone #: _____

Signature of Mother or Female Guardian: _____ Date: _____

Address: _____ Phone #: _____

PLEASE FILL OUT THE FOLLOWING:

Date of Last Tetanus Shot: _____

Known Chronic Medical Problems: _____

Allergies: _____

Regular Medications: _____

I Give Sponsors/Chaperones Permission to Administer the Following to my Child:

* Tylenol (Acetaminophen)	YES	NO	CALL FIRST
* Advil (Ibuprofen)	YES	NO	CALL FIRST
* Diarrhea Medication (Immodium)	YES	NO	CALL FIRST
* Motion Sickness Medication (Dramamine)	YES	NO	CALL FIRST
* Upset Stomach Medication (Pepto Bismol)	YES	NO	CALL FIRST

Does your child use an inhaler? YES NO

LIST ANY BRAND NAME MEDICATIONS YOUR CHILD CANNOT TAKE:

1. _____
2. _____
3. _____
4. _____

Prescription and Daily Medication Clause:

I understand that I must provide all prescription medication for my child when traveling with the BBDB. I also understand I must provide any additional non-prescription medication my child takes on a daily basis. When traveling with the BBDB, I understand this medication must be:

- * Placed in a small ziplock bag in the original bottle or container
- * Labeled with my child's name on a small index card that is taped to the inside of the ziplock bag
- * Provided with clear administration instructions

Signature of Parent or Guardian: _____ Date: _____