

Decatur High School Band Emergency and Travel Form

This form is to be filled out by the parent or guardian and turned in to the band director at the beginning of the school year. It will be kept with the band records and will be accessible for all band activities. Please keep this information current.

Student: _____ Student Cell (____) _____

Parent/Guardian: _____

Mom Cell Phone :(____) _____ Mom Work Phone (____) _____

Dad Cell Phone (____) _____ Dad Work Phone :(____) _____

Emergency Contact: (Other than parent/guardian)

Name: _____ Relationship: _____

Phone Number(s): _____

Parent's Authorization

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all Decatur High School Band activities except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to qualified medical personnel to apply proper treatment and to admit my child to the hospital if necessary. Mr. Robbie Stout will act as my representative until I can be reached.

Parent/Guardian (Please Print): _____

Signed: _____ Date: _____

DHS Band Travel Permission

I give permission for _____ (name of band member) to travel with the Decatur High School Band. I understand that all trips are under the direct supervision of Band Director, Mr. Robbie Stout, and are chaperoned by volunteer band parents. I understand that the spring trip and trips to football games, and some competitions are by bus and other trips are made in cars belonging to a band parent or chaperone.

I understand and agree that on all trips, the student must comply with the rules set forth in the Decatur City Schools Code of Conduct Handbook and in the DHS Band Chaperone guidelines. I give my permission to Mr. Robbie Stout to see that these rules are adhered to by my child and I agree to any actions he deems necessary as punishment for the breaking of said rules.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Notary Public Signature: _____

Date: _____ My Commission Expires: _____

Student: _____ Home Phone (____) _____

Address: _____

Date of Birth: _____ Sex: M F Height: _____ Weight: _____

Glasses: Y N Contacts: Y N Date of Last Tetanus Shot: _____

Parent/Guardian: _____

Mom Cell Phone :(____) _____ Mom Work Phone (____) _____

Dad Cell Phone (____) _____ Dad Work Phone :(____) _____

Physician: _____ Phone Number: (____) _____

Physician Address: _____

Insurance Provider: _____

Contract Number: _____ Group Number: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD FRONT AND BACK

Please list any current or recurring medical problems and describe:

Please list any current medications with current dosages:

Please list any known allergies:

Please list any specific activities to be restricted

Please provide any additional information needed for a physician to treat your child:
