

"Norman North Bands"

PERMISSION/MEDICAL FORM

I (we) give _____ permission to attend all school sponsored NNHS Band events for the school year _____. We understand that our student must abide by all rules and regulations for the trip/s as set by the school district and band staff. My child is in good physical condition and may receive necessary first aid on site or medical treatment at the nearest hospital or clinic. I understand that I will assume financial responsibility for that treatment.

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

FIELD TRIP EMERGENCY MEDICAL FORM

In the event your child should need emergency medical attention while on a field trip, it is necessary for us to have the following information.

Student's Name _____ Birth date _____

Approx. Weight _____ Parent/Guardian Name _____

Home Phone _____ Address/City/State/Zip _____

Date of Last Tetanus Shot _____ Insurance Co. Name _____

Policy Number _____ Mother's Work Phone _____

Father's Work Phone _____ - Alternate Contact _____

Phone _____ Doctor's Name _____ Phone _____

1. Does your child have any allergies: Yes No (circle one) If so, describe.

2. Does your child take any routine medicines? Yes No (circle one) If so, describe.

3. Does your child have any major health problems? Yes No (circle one) If so, describe.
