# Centennial High School Choral Department
## 2019 - Permission to Travel & Medical Release Form - 2020

Student's Name (*Please Print*):______________________________ Grade: ______________________

Insurance Company:______________________________________ Policy Number:________________

"I hereby give my consent for the above named student to go on school sponsored trips with the choir, choir directors or representatives. I also give my consent for school employees to secure emergency first aid or medical services for the above named student. I release the Burleson Independent School District and all accompanying school authorities and chaperones from all responsibility pertaining to claims and expenses in the case of accident, injury, or loss of life that might occur. I understand that all reasonable precautions will be taken to insure the safety of my child during this activity."

Date: ____ / ____ / ____ Parent or Legal Guardian Signature:______________________________

**As parent/guardian of the above named student consent to the following statements:**

_____ My child MAY/MAY NOT swim (*if swimming is an option)* If yes, they are in possession of an approved swimsuit.

_____ My child has my permission to keep, carry, and take all his/her own required medications.

_____ My child is taking the following prescription medication (*Please print name of medication, milligrams per dose, & frequency of dosage. Use back if needed*):________________________________________

_____ My child may take these over the counter medications, if necessary:____________________________

**Other Medical Information (Please print. Use the back of this form if needed)**

Food/drugs to which the student is known to be sensitive/allergic (*nuts, melons, penicillin, etc.*):________________________________________

Any chronic illness such as diabetes, asthma, or epilepsy:____________________

List any medications that are taken regularly:____________________________

List any other information below that you feel we should know: ______________

**Emergency Information**

Doctor:____________________

Hospital:__________________

Phone:____________________

**Contact Person #1**

Name:____________________

Relationship:______________

Phone:____________________

**Contact Person #2**

Name:____________________

Relationship:______________

Phone:____________________