

# Travel Release and Medical Information Form

## Tarkington Longhorn Band

\_\_\_\_\_

Student Name (Please Print)

\_\_\_\_\_

Date

The above names student has my permission to attend all Tarkington Longhorn band trips including football games and contests. We have read the guidelines and rules as stated in the appropriate student handbook, and we agree to abide by them. We understand that all rules and regulations as stated in the School Handbook(s) also apply at any school sponsored activity. We understand that the sponsor/chaperones have the right to search handbags or any personal belongings for illegal items in order to protect the entire group.

We understand that the Tarkington Independent School District, Tarkington High School, sponsor/chaperones, and the Tarkington Longhorn Band cannot be held liable for accidents.

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

My child, \_\_\_\_\_, will need the following  
medications on the trip: \_\_\_\_\_. (List all Medications)

Family Physician: \_\_\_\_\_ Telephone \_\_\_\_\_

Known Allergies of Student: \_\_\_\_\_

Hospitalizations Policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

In the event that emergency treatment or surgery is needed, a minor cannot be treated without the consent of a parent or guardian. Parents should consider and act at their own discretions on the following:

I give permission for \_\_\_\_\_ to receive emergency treatment or surgery by a qualified physician if the need should arise.

I also give permission for \_\_\_\_\_ to receive emergency treatment or surgery in any duly-licensed hospital by any qualified physician on the hospital staff if the need should arise.

Parent/Guardian Signature \_\_\_\_\_

List any other medical or personal information: \_\_\_\_\_

\_\_\_\_\_