

Tigard High School Band/Tigerettes Program
Health & Travel Form
(Please print)

Student's Name (Last, First) _____

Emergency Medical Consent

Phone Numbers where parents can be reached:

Mom Cell _____ Dad Cell _____

Family Physician _____ Telephone number _____

Specify any medical conditions of which the staff or an attending physician should be aware:

Please list all over the counter and/or prescription medications, with dosage, your child has your permission to possess and administer during band functions, including overnight trips. (ex: Tylenol - as needed, Claritin - 2X per day, Albuterol - 2 puffs as needed, etc.)

Insurance information: Name of Policyholder: _____

Employer: _____

Insurance Company: _____ Policy No. _____ Group No. _____

CONSENT for Travel and Medical treatment:

I give permission for the above named student to travel with the Tigard High School Band/Tigerettes during the school year 2019-20.

If deemed necessary by school officials during a function of the Tigard High School Band/Tigerettes, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of serious illness, the need for major surgery, or significant injury, I understand that an attempt will be made by the attending physician or staff member to contact me in the most expeditious way. If said physician or staff member is not able to communicate with me, the treatment necessary for the best interest of the student may be given.

Signature of Parent/Guardian: _____ **Date:** _____