

Medical Release

I give my permission for my child to travel with the Bixby Band.

_____ is my child, and is now under my control and in my custody. Should a simple medical problem arise, I grant the trip sponsors the authority to administer simple medication or to see to it that any needed professional medical care be administered while on a trip. Medical problems of a major nature will not be administered to without the band directors first consulting with the parents, if possible, by phone.

Medications my child is currently taking:

My child is allergic to the following medications:

Parent/Guardian Name _____
(please print)

Work Phone _____ Home Phone _____

Other Contact Phone (cell phone) _____

Emergency Contact and Phone other than legal guardian:

Parent/Guardian Signature _____ Date _____