

**Bixby Middle School Medical Release**

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

\_\_\_\_\_ is my child, and is now under my control and 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: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact and Phone other than legal guardian:

\_\_\_\_\_

Parent/ Guardian Signatures: \_\_\_\_\_

(Print out and Sign)

Date: \_\_\_\_\_