

Sherman Middle School Trip & Medical Release Form

Parent or Legal Guardian Name

Student Name

I, the above-mentioned parent and/or legal guardian of the above-mentioned minor student, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the above noted minor, my express permission to travel with **Sherman Middle School** on field trips and to school activities/functions during the **2021-2022** school year to participate in all scheduled activities inherent in these trips.

In the event of an emergency necessitating medical attention for my child, I do hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of the school district and school employees is narrowly defined and extremely limited by Texas state laws and local policy.

Signature of Parent or Legal Guardian

Confidential Medical Information

Note: Please fill out as much as possible – if there is no information for an item, you can leave it blank. The information provided will be kept confidential and only used by band directors or their designees in case of emergency.

Family Doctor: _____ Telephone: _____

Insurance Company: _____ Policy Number: _____

List any pertinent medical information applicable, including allergies, nervous disorders, heart disorders, diabetes, epilepsy, disallowed medicines, physical issues, etc:

List any regular medication the student is taking:

List any other health information which may be helpful:

Two other local contacts in case of emergency:

Phone: _____

Phone: _____