

MMS Band Student Permission Slip & Medical Authorization Form

Last Name	First Name	Date of Birth/Age
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Street Address	City	State	Zip Code
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As parent(s) /guardian(s) of the above student, permission is granted for this student to attend all of the Murphysboro Middle School band trips during the **2014 - 2015** school year. I/We am/are aware that the Murphysboro Middle School requires all participants on a trip to supply the following information in case a medical emergency should arise during this trip.

1.) Insurance:

Name of Insurance Carrier: _____

Group/PolicyNumbers: _____

2.) Family Physician

Name: _____ Phone: () _____ - _____

3.) Emergency Contact:

If group chaperones/organizers are unable to contact you or any of the people listed as emergency contacts, they may make whatever arrangements are necessary in an emergency at no expense to the organization. Please list emergency contacts below:

Name: _____ Phone: () _____ - _____

Relationship: _____

Name: _____ Phone: () _____ - _____

Relationship: _____

4.) Drug Sensitivities/Allergies: _____

5.) Medical Conditions/Medical Concerns: _____

6.) Medications/Prescriptions: _____

Prescription _____ Time: _____ Dosage: _____

Prescription _____ Time: _____ Dosage: _____

NOTE: Parent/Guardian is responsible for assuring all medications, prescriptions or non-prescription items is supplied and accompanied by the Murphysboro CUSD #186 Medication Authorization form. All medications must be provided in the original container or package and marked with the student's name. **Please also attach a copy of your insurance card information with this form.**

MEDICAL AUTHORIZATION AND CONSENT:

In the event of an emergency that would require medical care and treatment to be administered to the student, I/We hereby authorize any physician, hospital, school nurse, group athletic trainer, or other health care provider to give emergency medical care and treatment. The undersigned have read and completed the Student Permission Slip and Medical Authorization Consent Form and declare and affirm that I/We consent o the contents herein stated and that information provided is accurate to the best of my knowledge.

Parent/Guardian Signature (s):

Date

State of Illinois, County of Jackson

Subscribed and sworn to before me this _____ day of _____, 2015.

Notary Public