

*Colbert Heights High School
Pride of the Mountain Wildcat Marching Band
2023 Orlando Trip Medical Consent Form*

Participant Name:	Date of Birth:
Parent/Guardian:	Parent/Guardian Phone:
Home Address:	
Emergency Contact Name:	Emergency Contact Number:

CONSENT:

(Responsibility Clause/Medical Permit)

I hereby give _____ (name of student) permission to participate in the 2023 CHHS Band Orlando Trip. I understand that Colbert Heights High School and every person involved in this trip is not to be held liable for any death, injury, damage, delay or irregularity that may occur on this tour. If my child needs to take medications while on this tour, I give permission for him/her to do so through the proper means. I understand that medications must be carried in the original (labeled) container and that prescription medications must be listed on this form. All medications are to be administered by the band director and/or parent/guardian if present. If there is an emergency, I give consent for a qualified physician to perform the necessary procedures. I understand the staff will make every effort to contact me before any action is taken. I authorize the physician to hospitalize and use other medications as deemed necessary.

Parent/Guardian Signature & Date:

Relationship to Student:

Participant's Signature & Date:

MEDICAL INFORMATION

Currently Prescribed Medications	Dosage/Frequency
Medical Conditions	
Dietary Needs	Allergies
Physician Name	Physician Number
Health Insurance Company	Policy Number