

PARENT PERMISSION FORM

I hereby certify that my son/daughter, _____, has my permission to participate in the Springtown Middle School Band program for the 2019-2020 school year. To the best of my knowledge, he/she is physically fit to engage in all activities regarding band. I give permission for my child to be transported by school bus to all band competitions/activities. I do agree and hereby waive and release all claims against the Springtown ISD and any teacher, employee, or other person engaged in the activity in question.

I agree to hold them harmless from any and all liability relating to my child for any personal illness that may be suffered or any loss of property that may occur to my child.

I give the teacher authority to seek immediate treatment and care as a result of any injury or illness. I agree to hold harmless the school and any school representative on account of such care and treatment needed.

It is understood by my child and me that all Springtown ISD regulations, policies and standards are in effect and must be followed.

Parent Signature

Date

Phone # ***(where parent can be reached at all times)***

Parent email

MEDICAL

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for an emergency.

Medical Alert/Allergies: _____	
Permission to Share Medical Alert/Allergies with Faculty: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Doctor's Name: _____	Doctor Phone # _____
Hospital Name: _____	Hospital Phone # _____
Dentist's Name: _____	Dentist Phone # _____

List Med's Taken Daily: _____ _____	<i>(Circle What Applies)</i>
	Asthma: Yes / No Inhaler: Yes / No Carries on Person: Yes / No Self Administered: Yes / No
List Major Injuries:	Chicken Pox Disease: Yes / No If yes, date: _____

List any health conditions such as heart disease, diabetes, epilepsy, eye or ear problems, or any chronic condition, etc. *(Please provide a brief explanation.)* _____

I, the undersigned, do hereby authorize officials of Springtown Independent School District to contact directly the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent Signature

Date