COLUMBIA HIGH SCHOOL COUGAR MARCHING BAND
PERMISSION TO TREAT
EMERGENCY and HEALTH INFORMATION

PLEASE PRINT ALL INFORMATION

Student Name: _____

Address (with town): _____

Parent Name: _____

Home Telephone: _____

Parent Cell Phone Numbers: Mother: _____

Father: _____

Parent Work Telephone Numbers Mother: _____

Father: _____

Emergency Contact: (if unable to reach parent)

Name_____ Telephone Number_____

Please list below any special conditions or health information of which the chaperones should be aware: _____

_____

Allergies (Food or medicine): _____

Prescription Medications: _____

I allow my child to take this medication on his/her own. YES NO

Please list any "over the counter" medications the student will have in his or her possession: _____

_____

All medications must be in an original container with prescription and directions on the label.

Medical Insurance Company _____

Insurance ID Number _____

The undersigned authorizes the supervisor in charge of the trip to obtain the services of a physician or hospital or both because of illness or disability of my child during the trip. If in the opinion of the supervisor, this is advisable, the undersigned will be notified as soon as possible and be responsible for any expenses incurred. It is also understood that if in the opinion of the supervisor the best interests of the student would be served by having him/her return home, the student will be sent home by the most expeditious means at the expense of the parent.

_____ _____

Parent or Guardian Signature Date