

## ABILENE HIGH SCHOOL EAGLE BAND PERMISSION AND EMERGENCY RELEASE

As part of its educational program, the Abilene Independent School District ("AISD") has organized a variety of educational and learning activities and trips in which your child will have an opportunity to participate. These trips and activities are designed to benefit students by providing unique learning experiences and exposure to new and different people and places in a supervised setting. School personnel will keep you informed of the upcoming activities in which your child will have the opportunity to participate.

I, the undersigned, the parent and/or legal guardian of the student identified below, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to travel with school personnel on the educational enrichment activities and trips the school has planned and to participate in all scheduled activities involved in the trip or activity.

In the event of an emergency necessitating medical attention to the student identified below, I 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.

I acknowledge that liability of AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

### HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  

Last
First
MI

Present Address: \_\_\_\_\_  

Street
City
State
Zip

Parents or Legal Guardians: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Other Responsible Party: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical History of Student: (Please check Yes or No)**

**\*\* Please check medication your child can receive**

	Yes	No		Yes	No		Yes	No
Diabetes	___	___	Dizziness	___	___	Acetaminophen (Tylenol)	___	___
Drug Allergies	___	___	Convulsions	___	___	Ibuprofen	___	___
Asthma	___	___	High Blood Pressure	___	___	Throat Lozenges/Cough Drops	___	___
Epilepsy	___	___	Heart Disease	___	___	Antacids (Tums)	___	___
Fainting Spells	___	___	Stomach Disorder	___	___	Lotions, Creams, Ointments	___	___
Kidney Disease	___	___	Hay Fever	___	___	Diphenhydramine (Benadryl)	___	___
Liver Disease	___	___				Dramamine	___	___

Surgery/ies (within the last year): \_\_\_\_\_

Emotional problem (i.e. hyperventilation, hysteria): \_\_\_\_\_

Serious medical problems not mentioned above: \_\_\_\_\_

Tetanus (last injection date): \_\_\_\_\_ Allergies to drugs: \_\_\_\_\_

Allergies to foods & other agents: \_\_\_\_\_

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.) \_\_\_\_\_

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (PRINT)