

Vista Ridge High School Band

-----200 South Vista Ridge Blvd-----Cedar Park, Texas. 78613-----

Travel and Medical Form 2010-2011

Student's Name: _____ Student ID # _____

Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Dad's Cell: _____ Mom's Cell: _____

Please attach a copy of your insurance card (both sides). This will be used only in case of emergency. The band staff will take this information on all band trips.

Permission to Travel

My son/daughter has my permission to attend, travel to and from, and participate in:

1. All Band Activities related to the Vista Ridge High School Band occurring on any Leander I.S.D. Campus.
2. All Band Activities related to the Vista Ridge High School Band that might involve travel to various places such as other high schools, colleges, stadiums, and other areas that are deemed appropriate by the band director or his representative.

My son/daughter has assured me that he/she will conduct himself/herself in such a manner that good credit will be reflected upon the school. I understand that students will be chaperoned while on any school trip. Both my child and I understand that all Leander I.S. D. policies and guidelines are in place during any band event regardless of its location or time.

I hereby release Leander ISD, Vista Ridge High School, and the VRHS Band Staff from any Liability related to such travel with the band.

Parent/Guardian Signature: _____ Date: _____

Medical Release

I authorize the VRHS Band Directors to seek medical attention & treatment for my child in case of an emergency. I understand that I am responsible for expenses that may arise from such treatment, until such time as a legal decision is made to release me from that responsibility.

Parent/Guardian Signature: _____ Date: _____

***Bryan Christian, Director of Bands, 512-570-1867
Kyle Ruschhaupt, Associate Director, 512-570-1868
Andrew Straight, Assistant Director, 512-570-1837
Hector Gil, Director of Percussion, 512-570-1869
FAX 512-434-7308 www.vrhsband.org***

Permission to Administer "Over the Counter" Medications:

I give Leander ISD representatives permission to administer "over-the-counter" medication (Ibuprofen, Acetaminophen, Pepto Bismol, Midol, Maalox, Tums, Benadryl, etc.) at the request of my student. I understand that LISD personnel will protect my child and **not** administer medication if this form is not completed. Exceptions to "over-the-counter" medication NOT to be disbursed to my child: _____

Parent/Guardian Signature: _____ Date: _____

Permission to Administer Prescription Medications

I request that a Leander I.S.D. representative administer the medication(s) listed below to my child according to the physician's instructions. I agree to furnish an adequate amount of medication in the original container. I understand that Leander I.S.D. personnel will protect my child and not administer medication if this form is not completed or the medication is not furnished as required. (**LISD representative must administer Prescription drugs, not the student. Exceptions are inhalers.)

Name of Medication: _____ Dosage: _____

Time to be given: _____ Do not administer after this date: _____

Side effects to report to Doctor: _____

Name of Medication: _____ Dosage: _____

Time to be given: _____ Do not administer after this date: _____

Side effects to report to Doctor: _____

Name of Medication: _____ Dosage: _____

Time to be given: _____ Do not administer after this date: _____

Side effects to report to Doctor: _____

Parent/Guardian Signature: _____ Date: _____

List food and/or drug allergies:	List Existing Medical Conditions (asthma, heart, diabetes, etc.)
_____	_____
_____	_____
_____	_____

Doctor's Name: _____ Phone #: _____

Emergency Contacts:	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____