

2011-2012 NHS MUSIC DEPARTMENT ACTIVITY HEALTH RELEASE FORM

Student's Name _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____

Dad/Mom/Guardian Work Name and Address _____
(circle one)

Dad/Mom/Guardian Work Name and Address _____
(circle one)

Dad/Mom/Guardian Work Phone _____ Time to Call _____
(circle one)

Dad/Mom/Guardian Work Phone _____ Time to Call _____
(circle one)

Dad/Mom/Guardian Cell Phone _____ Time to Call _____
(circle one)

Dad/Mom/Guardian Cell Phone _____ Time to Call _____
(circle one)

Family Health Insurance
Policy Name and Number _____

Please provide the name of a person to notify in case of emergency when parent/guardian cannot be reached.

Emergency Contact Name _____ Relationship _____

Phone(s) _____

Prescription drugs this student will be carrying with him/her:

Any health condition the chaperones should be aware of:
(attach private information in an envelope)

By signing this form, I/We give permission for our student to travel with the NHS Music Department on NHS School sponsored festivals/contests or field trips. We give permission to the trip chaperones to administer to the health needs of said student, including hospitalization if necessary. We understand that the chaperones will call us immediately to discuss any serious health situations. This form is only for one-day activities. Overnight or extended travel activities will have additional forms.

Parent/Guardian E-mail (write legibly) _____

Parent/Guardian signature _____