

GLADEWATER BAND MEDICAL FORM

Dear Parent,

Your signature on this form indicates that you have given permission for

(student's name) _____ to attend any trips the band may take during the school year. Furthermore, the student must have assured you that he/she will behave in a manner that will reflect favorably upon the participant organization, school, and parents that he or she represents.

It is understood that the student will be chaperoned both enroute and while at our activities, and the normal precautions will be taken in the interest of the child's safety. However, no sponsor, chaperone, or representative of the Gladewater ISD will be held responsible for any accident or misfortune which might occur during any trip.

I, (parent), do hereby agree to all conditions listed on this form and authorize the sponsor to obtain medical aid in case of accident or sudden illness. This letter will serve as official authorization to permit a doctor to render medical aid should the sponsor and/or medical professional believe it to be necessary.

_____ (name of student) has my permission to go on all band trips, contests, outings, etc. This authorization shall remain in effect until the close of the 2017-2018 school year.

Medical Information:

If your child is allergic to any foods or drugs, please list them:

A. _____ C. _____
B. _____ D. _____

List any medication that your child is presently taking.

A. _____ C. _____
B. _____ D. _____

Other pertinent information: _____

Family Physician _____ Phone # _____
Name of parent or guardian _____
Address: _____
Home Phone # _____ Parent cell phone # _____
Child's cell phone # _____ other contact phone # _____
Father's Employer _____ Phone # _____
Mother's Employer _____ Phone # _____
Insurance Company _____

Signature of parent or guardian _____

Note: This form must be completed and on file in order for the child to travel with any GISD band.

Gladewater ISD

Drug Testing Authorization

Student Name: _____

Parent / Guardian Name _____

Parent, Guardian Phone Number _____

I understand fully that my performance in extracurricular activities and the reputation of my team and school are dependant, in part, on my conduct as an individual. I recognize and understand that I could be asked to provide a urine sample for drug analysis. I consent to any such testing as part of the Gladewater ISD drug testing policy, which is under the guidance and direction of and independent testing entity. (T.H.E. Lab, Tyler Texas) I agree that I will not refuse to take any such test or otherwise dispute the right of Gladewater ISD to conduct any such Test(s) on Me. I have been given the right to ask questions about the drug testing policy and I fully understand its provisions.

Listed below are the prescription drugs and dosages my son /daughter takes on a permanent basis. I understand that, depending on the type of medication and circumstances, its use may be verified and discussed with the doctor that prescribed it. I give permission to the doctor(s) who have prescribed medication for the treatment of my son/daughter's medical condition to discuss this with Gladewater ISD. They may also verify the circumstance and discuss any effects that the medication may have on my son/daughter's test results or school performance.

Drug Name/ Dosage

Doctor/ Phone Number

Drug Name/ Dosage

Doctor/ Phone Number

My Son or Daughter **DOES TAKE** or **DOES NOT TAKE** any prescription medication on a regular basis. Please circle.

Student Signature

Date

Student ID number _____

Parent Signature

Date

Note: This document will be valid during your student's UIL extracurricular participation.