

**Asa Low Intermediate School Band  
Medical Information and Release Form  
2023-2024 School Year**

Fill in this form completely and return to the band office. Notify the band office as soon as possible if any changes need to be made to this information.

Student's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Family Doctor \_\_\_\_\_  
Phone \_\_\_\_\_  
Student's Insurance \_\_\_\_\_  
Policy Number \_\_\_\_\_

List any allergies the student has (including drug allergies)  
\_\_\_\_\_

List any medications that are being taken  
\_\_\_\_\_

List any conditions that may restrict physical activity  
\_\_\_\_\_

I do hereby give Troy Bell and Christin McNair, or their designees, the authority to seek medical attention for the above named student in the event of an emergency or in any situation that requires medical attention.

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

Date \_\_\_\_\_

*(over)*

# **PARENT'S PERMISSION RELEASE AND INDEMNITY FOR FIELD TRIPS**

I hereby certify that my child, \_\_\_\_\_, has my permission to participate in the field trips with the Asa Low Intermediate School Band during the 2023-2024 school year.

To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease or injury. I agree and do hereby waive and release all claims against the Mansfield Independent School District and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur.

I understand that reasonable measures will be taken to safeguard the health and safety of my son/daughter and that I will be notified in the case of an emergency. In the case of an accident or sickness, I authorize the calling of a doctor or the providing of other medical services.

It is understood that no child will be allowed to participate in any activity until this form is signed by his/her parent/guardian.

Signed at \_\_\_\_\_, Texas, this \_\_\_\_ day of \_\_\_\_\_, 2024.

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

Phone Numbers \_\_\_\_\_

*(over)*