

# Coppell HS Band Medical Form

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to participate in the supervised activities of the Coppell HS Band during the 2020-2021 school year. I understand the Band Directors employed by Coppell ISD will supervise the activities. I authorize the Coppell HS Band Directors to act on my behalf if an accident occurs and my child needs medical attention.

I hereby release the Coppell HS Band Staff, Coppell ISD, and its employees, any parent hosts, and volunteer sponsors from any and all liability and responsibility in connection with accident or injury to my child while with the Band on any official function, trip, or activity.

## PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

Student' Full Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

City/State/Zip \_\_\_\_\_ School ID# \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Mobile Phone 1 Name \_\_\_\_\_ Number \_\_\_\_\_

Mobile Phone 2 Name \_\_\_\_\_ Number \_\_\_\_\_

Mobile Phone 3 Name \_\_\_\_\_ Number \_\_\_\_\_

Mobile Phone 4 Name \_\_\_\_\_ Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Please list any restrictions, allergies, or special medical conditions

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Is your student taking any medications at this time? YES / NO If YES, please list medications currently being taken (prescription and over-the-counter)

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**RELEASE: I hereby grant permission for the caregiver to administer my child prescription medication as directed by his/her physician.**

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_