

MHS Medical Form/Trip Acknowledgment Form

Student Name _____ Grade _____ ID # _____

Date of Birth _____ Social Security # _____

Address _____ City _____ Zip _____

Name of Parent(s) or Guardian(s) _____

Work Phone # _____ Home Phone # _____

Cell Phone #s _____

EMERGENCY CONTACTS:

Phone # _____ Name _____ Relation _____

Phone # _____ Name _____ Relation _____

Phone # _____ Name _____ Relation _____

Name of Medical Insurance _____ Policy # _____

Health History: (check all that apply)

- Diabetes
- Orthopedic Problems
- Asthma
- Epilepsy
- Cardiac Problems
- Other (specify) _____

Allergies: (check all that apply)

- Aspirin
- Penicillin
- Codeine
- Insect Stings
- Tetracycline
- Other (specify) _____

If there any medical aspect that a doctor would need to know about your student in case of an emergency Please explain on the back.

I, _____ (parent), agree to allow my child, _____ (child's name), to travel with a group or individual associated with the District on the trips indicated below. I understand that while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

This release applies to the trips to be taken by the Mercedes High School Band to football games, UIL musical events, Other non UIL contests, TMEA events, scheduled parades and other announced performances for the 2008-2009 school year.

Please return this permission slip by: August 15, 2008. Form Valid July 2008- June 2009.

In case of an emergency, I give permission for my child to receive medical treatment.

Signature of Parent or Legal Guardian

Date