

Consent to Travel

I, _____, give permission for _____,
(parent or guardian) (name of participant)

to travel with **Stevenson HS Jazz Band** to **Central Michigan University**
(name of organization) (trip destination)

The group will depart on **Thu Feb 9, 2023** and return on **Sat Feb 11, 2023**
(departing date) (return date)

In the case of an emergency, please contact _____
(emergency contact and relation to participant)

at _____ or _____.
(phone number) (second phone number)

Authorized Signature

Date

As parent or guardian of _____,
(name of student)

I authorize treatment of the above mentioned student by a qualified physician or nurse in the event the student would require medical treatment. I understand that should a serious or life-threatening medical emergency arise, initial treatment of the student may be rendered by an individual, trained in first aid, if in the opinion of that individual, delay might endanger his/her life, cause disfigurement or undue comfort. On the Medical Information Form I have listed any allergies, ongoing medical treatment, or medical problems which might influence treatment of the student. I will be responsible for charges incurred for the student's treatment. This permission is granted with the understanding that except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Student's

Name _____
(First) (Middle) (Last)

Home Address _____
(Street)

City _____ State _____ Zip _____

Student's date of birth _____

Name of Primary Insured _____

Primary Insured's Employer _____

Insurance Provider _____

Group Number _____ Member Number _____

Medical problems or allergies which might influence medical treatment (If none, please state "none known").

If student is under physician's care for ongoing medical treatment, please complete the following:

Physician's Name _____ Physician's Telephone Number _____

Condition _____

Medication(s) _____

Use the reverse side of this form to provide additional information about any medical conditions or concerns, if necessary