

2019-2020 Sharyland Rattler Band Transportation and Emergency Information

I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO TRAVEL ON SHARYLAND ISD (OR CHARTERED) BUSES TO AND FROM FOOTBALL GAMES, BAND CONTESTS, AND OTHER BAND ACTIVITIES DURING 2017-18 SCHOOL YEAR. I EXPECT THAT ALL DRIVERS WILL BE CERTIFIED PERSONNEL.

SHOULD AN EMERGENCY ARISE, I GIVE PERMISSION FOR MR. MARC PEREA, MR. FRANK SALINAS, MS. DONNA COOK, MS. BETH VAN EPPS, MS. LORI GARZA, MR. JOSE SEGURA, MS. MARIFINA GONZALEZ, MS. CYNTHIA SILVA TO AUTHORIZE EMERGENCY ROOM TREATMENT UNTIL I CAN BE CONTACTED BY EMERGENCY PERSONNEL.

STUDENT NAME: _____ ID # _____

GRADE: _____ AGE: _____ D.O.B _____

PARENT/S NAMES: _____

HOME/CELL PHONE: _____ 2ND CELL PHONE: _____

WORK PHONES: _____ EMAIL: _____

RELATIVE TO CONTACT IN EMERGENCY: _____

RELATIVE'S PHONE: _____

REGULAR PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

Is your child allergic to any medications/drugs or insect bites, etc? ☐ Yes ☐ No

If yes, which ones? _____

Does your child require an EPI-PEN for allergic reactions? ☐ Yes ☐ No

Does your child have a current medical illness/condition or has suffered from one in the past that could require emergency attention? (Conditions such as Asthma, Heart Problems, Concussions, Seizures, Diabetes, etc.)

Please list/explain them: _____

Is your child taking any medications? ☐ Yes ☐ No

If yes, which ones? _____

If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, nurse, or school representative: and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

PARENT SIGNATURE _____

DATE _____