

The undersigned, being the parent or legally appointed and qualified guardian of _____ does hereby consent to said student's participation in the field trip or school-sponsored activity to KC Band Marching Performances. I herewith authorize the teacher/sponsor to secure medical services for said student, if necessary. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. I further agree to hold the Klein Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in or while traveling to and from such event.

I have listed any pertinent information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

We are aware of the plans, procedures, and the above rules of conduct for this trip, and we accept and approve them. Please make a note of the above information and return to the school sponsor.

Signed: Barbara Streit
Teacher/Sponsor

Signed: Jan Wendt
Principal

Signed: _____
Student/Date

Signed: _____
Parent/Guardian/Date

MEDICAL AUTHORIZATION/HEALTH INFORMATION FORM

Event: KC Varsity Football Games & Marching Performances Location: See Performance Schedule

Name: _____ Home Phone: _____

Age: _____ Address: _____
Street City Zip

Name of Parent or Guardian: _____
Last First MI

Father's Place of Employment: _____ Phone: _____

Mother's Place of Employment: _____ Phone: _____

Family Physician: _____ Office Phone: _____

Name of person who can be contacted if parent or guardian cannot be reached:

Name: 1: _____ Relation: _____ Phone: _____

Name: 2: _____ Relation: _____ Phone: _____

List any medications you are presently taking: _____

Any known allergies or other medical problems: _____

Medical Insurance: Insurance Company: _____
Name of Insured: _____
Certificate No: _____ Group No: _____
Current coverage: _____

"In case of accident or serious illness, I request the school authorities to contact me. If I cannot be reached, I herewith authorize the school authorities to call the physician indicated above. If it is impossible to contact physician, I authorize the teacher/sponsor to arrange for all necessary medical services for said child/children on my behalf."