



**CONFIDENTIAL MEDICAL INFORMATION and
TREATMENT RELEASE STATEMENT**
Spring Trip to Corpus Christi, TX ~ April 25-April 28, 2019

It is important that the directors and sponsors accompanying the group be aware of any medical problems.

Student Name _____ Age _____
Address _____ City/ST/Zip _____
Home Phone _____ Work Phone (parent) _____
Medical Insurance Carrier _____ Policy Number _____
Family Doctor _____ Telephone _____

Two other local contacts in case of emergency:

Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____

Health History: (Check all that apply.)

Diabetes
 Orthopedic Problems
 Asthma
 Epilepsy
 Cardiac Problems
 Other (please specify)

Allergies: (Check all that apply.)

Aspirin
 Penicillin
 Sulfa
 Insect Stings
 Tetracycline
 Other (please specify)

List any other information that may be helpful. _____

List any regular medication the student is taking. _____

Current immunizations status: _____ Tetanus _____

I, _____, the parent/guardian of _____, a MINOR, have entrusted such minor into the care of the Wakeland High School Choir director, Wakeland Administrator and chaperones for the purpose of taking part in the spring trip to Corpus Christi, TX from April 25-April 28, 2019. In such connection, we authorize such caring adults to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of, physician, and surgeon licensed under the provisions of the Medical Practice Act, or, if in another state or country, under the provisions of law in that state or country governing the practice of medicine; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of law in that state or country governing the practice of medicine. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kind of responsible deliberations as we as such minor's parents would have to consider it. We further authorize such caring adults to arrange for and hire an ambulance or other emergency vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided. It is understood that these arrangements are to be made at our expense.

In the event there arises an emergency necessitating medical attention for my child, I do hereby authorize school personnel to take whatever action they deem necessary including medical treatment by qualified and licensed medical personnel for the above named student. I understand that I will be notified as quickly as possible and that all expenses incurred in treatment will be assumed by my insurance or by me. Should immediate medical attention be needed, I hereby authorize directors and/or chaperones to administer aid until said qualified and licensed medical personnel arrive.

Permission is hereby granted for the supervising teachers and/or trip chaperones that will accompany the group to administer emergency and first aid care as necessary.

Signature of Parent/Guardian

Date

Address/City/ST/Zip

Home Phone

Work Phone

Cell Phone