



RETURN

MEDICAL TREATMENT/TRAVEL PERMISSION FORM

Dear Parent/Guardian:

It is mandatory for all band members to have a completed and signed permission slip on file before the first day of camp your student attends, whether it is Color Guard or Band Camp. Complete the information below.

STUDENTS TRANSPORTED BY PRIVATE VEHICLES ARE NOT COVERED BY FCPS LIABILITY INSURANCE.

Medical Information & Permission to Treat

Name _____ DOB _____		Allergies 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Medical Problems (Asthma/ADD/Heart Conditions) _____		

Medications (Please provide the Name of the medication, dose, and when it is to be taken)		Please note that only controlled medications will be administered by FCPS staff. All other medications will be self-administered by the student and all proper medication authorization forms must be on file with the PLD School Nurse
1 _____	5 _____	
2 _____	6 _____	
3 _____	7 _____	
4 _____	8 _____	
Parent Name _____ Phone Number _____		
Emergency Contact _____ Relation _____ Phone Number _____		
Emergency Contact _____ Relation _____ Phone Number _____		

I authorize any certified medical personnel to proceed with emergency medical treatments including x-rays, anesthesia, surgical operations, etc. in the case of an accident or health emergency involving _____, knowing the director or a chaperone will contact me as soon as possible. I understand that no one connected with the Paul Laurence Dunbar High School or the Paul Laurence Dunbar High School Band Parent's Association assumes liability for any injury incurred by the participant. I also understand that any and all necessary treatment(s) shall be at my expense and I agree to pay all medical costs incurred by my child including hospital bills, physician fees, and ambulance fees.

Parent/Guardian Signature _____ Date _____

