

NORTHSIDE INDEPENDENT SCHOOL DISTRICT TASB/TASA Medical Release & Travel Form

Student Name: _____

(Please print: FIRST NAME then LAST NAME)

I will not hold Northside Independent School District or its employees liable for accidents or injury, which may have occurred during preparation for or during the TASB production. I further understand that any performing program as a representative of a Northside School or the District (including practice, competition, travel to and from the event, or other related activities) who displays conduct which is disruptive or detrimental to the program including but not being limited to, being in possession or under the influence of alcohol, marijuana, hallucinogenic drugs, or other prohibited substances of any kind, or attempting to sell, distribute, or to use said prohibited items on campus of any school in the District or any activities mentioned above will be subject to immediate withdrawal from the program.

I, _____ authorize TASB Staff or chaperones

(Parent or Guardian)

to execute any and all documents necessary for my child, _____
to be treated by a medical doctor or at a medical facility, whether on an emergency or non-emergency basis should it be deemed necessary for his/her care and general welfare.

**I give / do not give (circle one) permission for over the counter
medication to be administered.**

Student signature

Parent/Guardian Signature

Home Phone: _____

Emergency Phone: _____

Emergency contacts other than above: _____

(Over)

PLEASE READ CAREFULLY

May a qualified sponsor provide minor medical attention?

Yes

No

If a doctor is needed for any reason, you will be contacted. If we are unable to reach you immediately, may a doctor administer medical attention as he/she feels necessary?

Yes

No

In case of emergency, please list the telephone numbers where you may be contacted.

Home

Office

Cellular

If you cannot be reached, please list someone else we may contact to inform of problem or procedures given.

Contact Person

Phone

Please list any allergies or other medical problems you feel we should know about.

Please list any medication your child is allergic to.

Medical Insurance plan and number: _____