

MADERA UNIFIED SCHOOL DISTRICT  
**PARENT PERMISSION for STUDENT TRAVEL SLIP**  
(Please print in black or blue ink. Do not use pencil)

**(Student Name)** \_\_\_\_\_  
has my permission to go on school trips with the **MADERA SOUTH HIGH SCHOOL Band** during the **2018-2019** school year. Teachers responsible are **Jay Rossette and MSHS Band Staff**. It is my understanding that the trip will be fully chaperoned and that the student will adhere to all of the rules of the organization, Madera South High School, and Madera Unified School District, and be responsible to the school for all of his/her actions on the trip.

The above student is covered for accident & medical insurance benefits:

\_\_\_\_\_  
(Insurance Company) (Policy No.) (Student's School ID #.)

**Student's DOB** \_\_\_\_\_ **City & State of Birth** \_\_\_\_\_

Allergies to Foods, Medications, Bee Stings, etc. (If None, so state) _____	
Special Medical Problems (If None, so state) _____	
Does Participant Carry Medications On Person? (If None, so state) _____	Date of Last Tetanus Shot _____
Medication _____	Purpose _____
Medication _____	Purpose _____
Family physician _____	
Office name & address _____	
City, State _____	Phone _____

**Authorization to Treat a Minor**

I (we) the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from a Department of Public Health and that I (we) agree to be responsible for the cost of such treatment. It is understood this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned medical staff in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_  
It is understood that Madera School District is not liable for any accident or incident related to transportation by a public carrier.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Type or print name of parent signing \_\_\_\_\_ (relationship) \_\_\_\_\_

Residence address \_\_\_\_\_  
City ST. Zip

Phone \_\_\_\_\_  
(home) (business-father) (business-mother) (other)

1) Emergency contact person \_\_\_\_\_ (phone) \_\_\_\_\_

2) Emergency contact person \_\_\_\_\_ (phone) \_\_\_\_\_

**This consent shall remain effective until revoked in writing.**