

**Pickens County - Pride of Pickens
Medical and Travel Consent Form 2010-11**

Full Name of Student: _____

Mailing Address: _____ E-Mail Address: _____

Date of Birth _____ Age _____ Home Phone _____

Parent or Guardian _____ Work/Cell Phone _____

Parent or Guardian _____ Work/Cell Phone _____

Name of Another Party If the Above Cannot Be Reached _____

Relation _____ Phone _____

Student's Personal Physician _____ Phone _____

Student is Allergic to the Following Medications: _____

Student has the Following Allergies: _____

Date of Last Tetanus Shot: _____

Check if any of the following apply: Heart Disease _____, High Blood Pressure _____, Asthma _____,

Seizures _____, Brochitis _____, Diabetes _____, Contacts _____, Glasses _____, Dental Appliance _____

Other Pertinent Information Concerning Student's Medical Condition: _____

The Student Should Carry Health Insurance of Some Kind! If Family or Employer Insurance is Not Available Then the Student Should Carry 24 Hour School Insurance! Students Without Insurance Must Provide a Signed Waiver Letter From the Parents.

The Following Must be Complete:

Health Insurance Company: _____

Policy Number: _____ Social Security # of Policy Holder _____

Name of Policy Holder _____

I hereby authorize Mr. Patrick J Gallagher and whomever he may designate as his assistants to seek medical attention for the student listed above. I also give my permission for this student to participate in all scheduled, school approved band trips. I also testify to receiving and reading the PHS Band Manual and agree to abide by the policies and procedures of the PHS Band.

Signed _____ Date _____