

Student Name: _____
(Please Print)

John Horn High School
Jaguar Band
EMERGENCY TREATMENT RELEASE

I _____, the parent and/or legal guardian
of _____, a minor, hereby acknowledge that said
minor is presently under my care, custody, and control. I hereby give my child, the above
noted minor, my express permission to TRAVEL WITH THE JOHN HORN HIGH
SCHOOL BAND to ALL GAMES AND EVENTS FOR THE YEAR OF 2022-23. I
further expressly grant my permission for my child to participate in all activities of these
trips. I understand the students will be as closely chaperoned as possible during these
trips. I release the school from any and all liabilities.

In the event there arises an emergency necessitating medical attention for my child, I do
hereby authorize that treatment be given by qualified and licensed medical personnel. I
understand 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 medical attention be
needed, I hereby authorize directors and/or chaperons to administer aid until said
qualified and licensed medical personnel arrive.

Address _____

Home Phone _____

Cell Phone _____

Signature (parent and/or guardian)

JURAT

STATE OF _____

COUNTY OF _____

SWORN TO and Subscribed before me by _____ **on this** _____
Name of Signer Date
day of _____, _____.

Parent/Guardian Signature

Notary Public Signature

Student Name: _____
(Please print)

CONFIDENTIAL MEDICAL INFORMATION

Family Doctor _____

Telephone _____

Hospitalization:

Company _____

Policy Number/Group

Number _____

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. Indicate any medication or drugs to which the student is allergic:

List any regular medication the student is taking

List any other information which may be helpful

My Student has a physical exam form on file for this school year- ____yes - ____no

Current immunization status:

Tetanus _____ Polio _____

Two other local contacts in case of emergency:

Name _____ Telephone _____

Name _____ Telephone _____