

**ABILENE INDEPENDENT SCHOOL DISTRICT & ABILENE HIGH SCHOOL BAND  
PERMISSION/CONSENT FORM**

**Please PRINT legibly in blue or black ink!**

Student's name:	Student's Date of Birth:
Parent/Guardian's name:	Student's weight:
Home Address:	Home Phone:
Father's work phone:	Mother's work phone:
Father's cell phone:	Mother's cell phone:
Family physician:	Physician's phone:
Insurance Company:	Policy Number:
Insurance Phone:	Employer's Name (if a group policy):
Other insurance information:	

**Parent/Guardian: Please initial beside each section below**

- \_\_\_\_\_ I give permission for my child to participate in on campus and off campus activities as a member of the Abilene High School Eagle Band, hereinafter called AHS Band.
- \_\_\_\_\_ I am aware that participating in the AHS Band may require my child to be at band activities before school, after school, weekends, during holidays, and that some trips will be out of town trips.
- \_\_\_\_\_ I agree that Abilene High School, Abilene Independent School District, and/or their representatives shall not be held liable for any accident, injury, and/or illness my child may have while involved with AHS Band activities and shall be my responsibility.
- \_\_\_\_\_ If my child is a victim of an accident, injury or sudden illness, and I/We cannot be reached by a reasonable means, I/We hereby grant and authorize representatives of the Abilene Independent School District and/or AHS Band to take whatever measures are necessary for the emergency treatment of my child. I/We understand that these measures may include emergency surgery, medications, or whatever is deemed necessary by emergency medical personnel or attending physician.
- \_\_\_\_\_ I also give permission for my child to be given over-the-counter medications as deemed necessary.

Please list <b>ALL MEDICATIONS</b> that your student is currently taking regularly:	
Please list <b>ALL KNOWN ALLERGIES</b> , including allergies to medications:	
Please list any known <b>MEDICAL PROBLEMS OR CONDITIONS</b> :	
<b>Please inform Dr. Kraemer of any changes during the year.</b>	

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date