

**Consent for Travel  
And Medical Treatment for a Minor  
2006-2007 School Year**

This form must be in the possession of the band director before the member is allowed to travel with the band outside the district. The student/parent is responsible for keeping the health information current.

I, being the parent, guardian, custodian of \_\_\_\_\_,  
a minor of the age of \_\_\_\_\_, do hereby authorize, request, and give my permission for the  
above named to travel with the Odessa High School Band of Distinction on all trips  
during the school year, and may be treated by any physician, and/or medical facility  
while on any band trip, as I may be unable to give my permission due to my absence or  
the inability of being contacted by a physician or medical facility.

Tylenol or \_\_\_\_\_ may be given by a band sponsor if needed.

Yes No (circle)

**Allergies or Medical Conditions to be aware of:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Relative Phone \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary \_\_\_\_\_

In and for the county of Lafayette, State of Missouri.

My commission Expires \_\_\_\_\_.