



EISENHOWER INSTRUMENTAL MUSIC MMC MEDICAL INFO/PARENTAL CONSENT FORM

**** RETURN BY FRIDAY, NOVEMBER 30th ****

MEDICAL INFORMATION

Student's Name _____ Birthdate _____

Address _____ Home Phone Number _____

Business/cell phone where parents can be reached: Mother _____ Father _____

List the name and phone number of two parties that can be called if the parents cannot be reached:

Name _____ Phone No. _____

Name _____ Phone No. _____

Does your child have any medical condition or is he/she under medication that we should know of?

No _____ Yes _____

If YES, please explain _____

Allergies: _____

Insurance Co. _____ Policy Number _____

Insurance Co. Address _____

Doctor's Name _____ Office Phone No. _____

In the event of a medical emergency, I authorize the school sponsor to make the necessary decisions for the safety of my child's health.

Parent's Signature _____ Date _____

PARENTAL CONSENT

_____ has my permission to participate in the Wind Ensemble MMC trip to Grand Rapids, MI, between January 24th and January 25th. We understand that Eisenhower High School's policy of behavior (as stated in the student handbook) is in effect during the trip. Should my child violate this policy, (i.e. smoking, drugs, alcohol, vaping, etc.) he/she will be subject to removal from the trip/performance and be subject to all UCS Policies in regards to discipline.

This form must be signed and returned and returned to Mr. Traskal in order for your child to participate. The Board of Education requires parental consent for all overnight trips.

_____/_____
Parent Signature Date

_____/_____
Student Signature Date