

**Health and Travel Form**

732 Boyds Creek Hwy Seymour TN, 37865 / (865) 573-6191 Office/Fax  
director@seymourband.org  
Michael Carter, Director

I/we give permission for \_\_\_\_\_ to participate in band activities, realizing that such an activity involves the potential for injury. I/we acknowledge that even with the best instruction, use of the most advanced equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis or even death.

I/we accept the financial responsibility for medical expense incurred as the result of possible injuries while participating in voluntary sports.

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of \_\_\_\_\_ hereby authorize any necessary medical treatment for this person while participating in any Seymour High School Band function. I also guarantee payment of all charges incurred during medical treatment.

In regard to such person, I submit the following information:

1. Allergies to foods, medications etc. If none, state.

\_\_\_\_\_

2. Special medical problems or health conditions. If none, state

\_\_\_\_\_

3. Medications or prescriptions to be used by the student and purpose for each. If none, state.

\_\_\_\_\_

4. Student may take aspirin (Y/N) aspirin substitute (Y,N) 5. Date of last tetnus shot

\_\_\_\_\_

6. Family Physician \_\_\_\_\_ phone \_\_\_\_\_

7. Emergency contacts (other than parents or guardians listed)

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

8. Parent's/Guardian:

Name \_\_\_\_\_ 9. Health Insurance Carrier \_\_\_\_\_

Street Address \_\_\_\_\_ Policy Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Work(father) \_\_\_\_\_ (mother) \_\_\_\_\_

I/we acknowledge that I/we have read and understand this warning and that insurance and/or medical expenses ARE MY RESPONSIBILITY there in connection with my child playing in the band.

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

Subscribed and sworn by parent before me  
the \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(notary public's address)  
Commission expires:

\_\_\_\_\_