

Aubrey High School Band

-----510 Spring Hill Rd-----Aubrey, Texas 76227-----

Travel & Medical Permission & Release Forms 2024-2025

Student's Name: _____ Student ID # _____

Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Dad's Cell: _____ Mom's Cell: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Permission to Travel

My son/daughter has my permission to attend, travel to and from, and participate in all regularly scheduled activities of the band program.

My son/daughter has assured me that he/she will conduct himself/herself in such a manner that good credit will be reflected upon the school. I understand that students will be chaperoned while on any school trip. Both my child and I understand that all Aubrey ISD policies and guidelines are in place during our trip, regardless of its location or time.

I understand that neither Aubrey ISD, nor any of its trustees, officers, employees, or organization sponsors is liable for any accident or injuries that may occur to my student as a result of any aspect of his/her participation in the activities involving the Aubrey High School Band.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance & Healthcare Information

Insurance Company: _____ Policy Number: _____ Group No. _____

Doctor's Name: _____ Clinic Name: _____ Phone #: _____

Please turn over



Medical Release

I acknowledge that in the case of an emergency, an attempt will be made to contact the Emergency Contacts that I have listed on this document. In such an emergency, and/or in the event that the emergency Contacts cannot be reached, I authorize the School Officials to seek whatever medical attention & treatment is deemed necessary for the health of my child. I understand that I am responsible for expenses that may arise from such treatment, including ambulance transport.

Parent/Guardian Signature: _____

Date: _____

Permission to Administer "Over the Counter" Medications:

I give Aubrey ISD representatives, & Physicians, permission to administer "over-the-counter" medication (Ibuprofen, Acetaminophen, Pepto Bismol, Midol, Maalox, Tums, Benadryl, etc.) at the request of my student. I understand that AISD personnel will protect my child and **not** administer medication if this form is not completed. Exceptions to "over-the-counter" medication NOT to be disbursed to my child:

Parent/Guardian Signature: _____

Date: _____

Permission to Administer Prescription Medications

I request that an Aubrey ISD representative administer the medication(s) listed below to my child according to the physician's instructions. I agree to furnish an adequate amount of medication in the original container. I understand that Aubrey ISD personnel will protect my child and not administer medication if this form is not completed or the medication is not furnished as required. (*AISD representative must administer prescription drugs, not the student. Exceptions are inhalers & epi pens.)

Name of Medication: _____

Dosage: _____

Time to be given: _____

Do not administer after this date: _____

Side effects to report to Doctor: _____

Name of Medication: _____

Dosage: _____

Time to be given: _____

Do not administer after this date: _____

Side effects to report to Doctor: _____

Name of Medication: _____

Dosage: _____

Time to be given: _____

Do not administer after this date: _____

Side effects to report to Doctor: _____

List food and/or drug allergies: _____

List Existing Medical Conditions (asthma, heart, diabetes, etc.) _____

Parent/Guardian Signature: _____

Date: _____
