

**Timberview High School Band
Mansfield Independent School District
Medical Information, Permission, Release, and Indemnity Form**

Student's Name: _____ Age: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security No. _____ Date of Birth: _____ Gender: _____

Parent/Legal Guardian Name: _____

This is an agreement between The Timberview High School Band, the Mansfield Independent School District, the above mentioned student (hereinafter called Student), and the student's above mentioned parent or legal guardian (hereinafter called Parent/Guardian), regarding the rights and responsibilities of Mansfield ISD, the Timberview Band, the Student, and the Student's Parent/Guardian relative to any practices, rehearsals, performances, trips (day or overnight), or events where the student is under the charge of/direction of the Timberview High School Band and its directors, teachers, sponsors, chaperons or administrators.

1. **Emergency.** In case of emergency, please contact (at least one person that does not live in the student's home must be listed):

Name (*legal guardian*): _____ Relationship: _____

Home Phone: (_____) _____ Other Phone (Specify Work/Cell): (_____) _____

Name: _____ Relationship: _____

Home Phone: (_____) _____ Other Phone (Specify Work/Cell): (_____) _____

Name: _____ Relationship: _____

Home Phone: (_____) _____ Other Phone (Specify Work/Cell): (_____) _____

2. **Medical Information.** Student and Parent/Guardian agree that the following medical information is current and correct:

Physician's name: _____ Office Phone: (_____) _____

Drug-related allergies: _____

Other special medical concerns which are applicable: _____

Medications that the Student takes on a regular/daily basis and will have in his/her possession on trips, including the dosages:

3. **Medical Insurance Information.** Student and Parent/Guardian agree that the following information is current and correct:

Medical Insurance Provider: _____ Toll free phone: (_____) _____

Group number: _____ Policy Number (if applicable): _____

Insured's name: _____ Insured's SSN: _____ - _____ - _____

4. **Permission to secure medical aid.**

In the event the Parent/Guardian of the Student cannot be contacted, I hereby give consent to the emergency services of a team physician, athletic trainer, band director, or other available personnel and hereby authorize the band director, athletic trainer, coach, or other school officials to sign such papers as may be required to obtain immediate medical attention necessary for the welfare and safety of the student. **I do hereby agree to indemnify and hold harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.**

5. **Participation/Liability agreement.**

The above mentioned Student has my permission to participate in all activities sponsored by and/or associated with the Timberview Band Program, is physically fit to engage in such activity, and is not suffering from any disease or injury. I further acknowledge that, pursuant to the Texas Tort Claims Act, the Mansfield Independent School District cannot be held liable for any injuries sustained in practice or interscholastic competition, and we therefore agree that no legal action may be brought against the District or its representatives from any such injuries.

SIGNED AND AGREED: _____ DATE: _____
(Student)

SIGNED AND AGREED: _____ DATE: _____
(Student's parent/legal guardian)