

**HOUSTON INDEPENDENT SCHOOL DISTRICT
MEDICAL RELEASE FORM**

LANIER MIDDLE SCHOOL

School Name

Name: _____

Address: _____

Please include area code

Home Phone No.: _____ Alternative Phone No.: _____

Parent's Cellular No.: _____ Parent's Cellular No.: _____

Parent's Work No.: _____ Parent's Work No.: _____

I _____ release my daughter/son guardianship rights for the following date(s) **2012-2013 School Year** . My daughter/son has the following medication(s) and should be given while on this trip as indicated:

1. _____ Dosage _____ Taken at _____
(name of medication) (amount given) (time)

2. _____ Dosage _____ Taken at _____
(name of medication) (amount given) (time)

3. _____ Dosage _____ Taken at _____
(name of medication) (amount given) (time)

My daughter/son has her/his hospital or medical card: _____ yes _____ no

In case of an Emergency please call _____ at _____
(if parent can not be reached) (include area code)

In order to ensure a safe and enjoyable trip, please list any health conditions that your child may have.

My signature below gives you permission to take my daughter/son to a hospital or medical facility, gives my permission for my child to receive medical treatment and gives my permission for the above medication to be administrated to my child.

Parent Printed Name Parent Signature Date

Sponsor Printed Name Sponsor Signature Date

Principal Printed Name Principal Signature Date

LANIER MIDDLE SCHOOL
Parent/Guardian Authorization for Regular Extracurricular Travel
and Consent for Medical Treatment

Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity ORCHESTRA			School Year 2012-2013

As the parent/guardian of the above-named student, I grant permission for my child to travel and participate in all scheduled activities of the designated extracurricular group for the current school year. I understand that neither Houston ISD, nor any of its trustees, officers, employees, or organization sponsors is liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contacts below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

Insurance Information

Insurance Company	
Policy Number	Group Number
Insured's Name	

Medical Information

Please Note: My child has the following allergies/medical conditions and/or is taking the following medications:

Emergency Contact Information

Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone
Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone

Authorization

Parent's/Guardian's Printed Name	Parent's/Guardian's Signature	Date
Mother's/Guardian's Home Phone	Mother's/Guardian's Work Phone	Mother's/Guardian's Cell Phone
Father's/Guardian's Home Phone	Father's/Guardian's Work Phone	Father's/Guardian's Cell Phone