

PIEDMONT HIGH SCHOOL BAND
Emergency Medical Release Form
Disney World Band Trip

In the case of a medical emergency on the band trip to Florida from April 1-5, 2024, I give permission for the Band Directors, nurse, or designated adult chaperone in the event of my child needing medical attention, to authorize medical procedures for my child until I can be contacted. On behalf of my child, I absolve the Union County School Board and their agents and employees from any and all liability whatsoever that may result from my child taking any medicine, as well as any emergency, medical attention during the trip.

*Please PRINT all information other than signatures.

STUDENT NAME (print): _____

PARENT SIGNATURE(S): _____

Contact Phone Numbers:

Mother's Name _____ Father's Name _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's cell phone _____ Father's cell phone _____

Mother's work number _____ Father's work number _____

Insurance Coverage Information (optional) _____

Doctor's Name: _____ Phone _____

Emergency Contact:

Name: _____ Relationship _____

Home Phone: _____ Work/Cell: _____

List ALL Allergies (medicines, food, seasonal, etc):

List any Over-The-Counter (OTC) meds that your child has permission to take while on the trip. **You must complete the UCPS medical form for ALL meds listed below.**

List any Prescriptions that your child will be turning in, as well as any pertinent information that the directors ONLY should know about. **Please include the time when it needs to be taken. The nurse will be in possession of all prescription medicines unless they have permission to self-carry. You must complete the UCPS form for all medicines listed below.**

