

**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 18-22, 2022, I give permission for the Band Director, 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_