

# URBANA HIGH SCHOOL BAND FIELD TRIP AND MEDICAL CLEARANCE

The Urbana Band will be taking many educational and performance field trip during the school year. Permission must be granted by the parent(s), or guardian(s), for the student to be able to accompany the group.

**DO NOT DEATCH THESE FORMS!**

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## Field Trip Permission

My Son/Daughter has permission to go on all field trips scheduled for the Urbana Band during the \_\_\_\_\_ school year.

Print Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Medical Clearance

In the event of accidental injury or illness, I hereby authorize care or appropriate treatment for my child by emergency medical services and/or a licensed physician. Parents and/or persons listed below will be contacted immediately in the event of any injury or illness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person (Other than parent or guardian) to be notified in case of emergency:  
(Please print clearly)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does you child have health considerations about which we should be aware?  
i.e. diabetic, epileptic, asthma, allergies

(This information will be kept confidential)