

San Marcos High School Music And Color Guard Medical Authorization and Travel Permission

Student Name: _____

Student ID #: _____

Insurance Carrier: _____

Insurance Policy #: _____

I hereby grant permission for my child to travel off campus to participate in activities of the San Marcos High School Music and/or Color Guard program(s). As the parent/legal guardian of the above-named student, I hereby grant permission to physicians and professional personnel designated by SMUSD to treat my child in the event of an emergency. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid. I acknowledge liability for medical expenses, hospital expenses, or other such charges incurred for services as may be rendered for/or on behalf of my/our child as a result of injury or sickness. I will assume financial responsibility for the incurred expenses and provide the insurance information above as additional information which may aid in or be needed for the treatment of my child.

Parent/ Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____ **Parent Cell Number:** _____

Supplemental Information:

Please list any known medical conditions that may require special attention during program trips. (Examples: Diabetes, seizure disorders, dangerous food allergies, Epi-pen user.)

If there are no conditions of concern, please write "None". Please use back of form if more space is needed.