

**PORT CHARLOTTE HIGH SCHOOL BAND
TRAVEL FORM FOR 2018 Savannah GA Trip
March 15-18, 2018**

STUDENT NAME (in full): _____

BIRTHDATE: _____

DOCTORS NAME: _____ **PHONE #:** _____

ALLERGIES (Please include food and drugs): _____

MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS: _____

MEDICATIONS: _____

IT IS IMPORTANT THAT YOUR CHILD BRING ANY MEDICATION HE/SHE MAY NEED IN THE ORIGINAL BOTTLES. ASTHMATICS SHOULD ALWAYS HAVE THEIR INHALERS WITH THEM.

I do not hold Port Charlotte High School, the Port Charlotte High School Band staff, the Port Charlotte High School Band Boosters or the School Board of Charlotte County responsible for any mishap that might occur. In addition, I give permission for the above named student to receive medical treatment in case of emergency.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Medical Insurance

Insurance Company _____ **Phone** _____

Policy # _____ **Group #** _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Permission to Administer Non-Prescription Medications

Please indicate if you wish to allow PCHS Band Staff/Chaperones to administer non-prescription medications to your child.

___ DO NOT administer any over the counter drugs to my child _____.

___ I hereby give my permission for my child _____ to receive treatment of a non-emergency medical nature. This would include administering medication such as:

Medication	Yes	NO
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Benadryl		
Calamine Lotion		
Neosporin or First Aid Creme		
Antacid Tablets/Liquids		
Cold and Sinus Tablets		
Bee/Insect Sting		

Comments: _____

Parent/Guardian Signature: _____

Date: _____