



**STUDENT INFORMATION
&
TRIP AND EMERGENCY TREATMENT
PERMISSION FORM**

Name: _____
Last First Middle

Instrument: _____ Birthday: _____ Grade: _____

Home Address: _____

Student E-Mail Address: _____

Parent / Guardian Names: _____

Parent / Guardian E-Mail Address: _____

Student's Home Phone: _____ Student's Cell Phone: _____

Mother's Name: _____

Mother's Work Daytime Phone: _____ Mother's Cell Phone(s): _____

Father's Name: _____

Father's Work Daytime Phone: _____ Father's Cell Phone(s): _____

Alternate / Emergency Contact Person: _____

Alternate / Emergency Phone: _____

Student's Physician: _____ Phone: _____

Student's Allergies: _____

Medication student is taking: _____

Please list any outstanding medical or physical conditions the student may have: _____

Student's Instrument: _____

Make: _____ Model: _____ Serial No. _____

I, _____ residing at _____,
Parent / Legal Guardian's Name Parent / Legal Guardian's Address

do hereby state that I am the natural parent and /or legal guardian of _____,
a student at Granite City High School *Student' Name*

I hereby give my permission for my child to attend all Granite City High School Band trips during the 2010-2011 school year.

I certify that the above information is true and correct. This authorization is valid for the date of time period indicated above, but not to exceed one year from the date of my signature.

Parent or Legal Guardian Signature

Date