

RIO RANCHO HIGH SCHOOL MUSIC DEPARTMENT
TRIP PERMISSION/MEDICAL RELEASE

TRIPS: I, _____, as parent/legal guardian of _____ do hereby give my full permission and consent for them to travel to and from, attend, and participate in all school-sponsored activities, performances and trips. I also give consent for this student to be under the disciplinary control of the Directors and Chaperones.

MEDICAL: I authorize the Directors and/or chaperones to obtain emergency medical services of a physician or hospital and that I will incur and provide payment for these costs.

Insurance Co. _____ Policy # _____

Known allergies _____

Prescription drugs currently being used _____

My child has permission to take the following Meds: (i.e. Midol, Ibuprofen, tums, etc)

I understand that precautions will be taken to safeguard the health and welfare of all who attend these activities. I as parent/legal guardian do hereby release all participants, directors and chaperones from any claim for injury sustained to my child or their property.

Parent/Guardian signature

Date

Phone numbers _____

State of New Mexico
County of _____

Signed before me on _____ by _____
Date parent/guardian

Signature of notarial officer
My commission expires: _____

SEAL