



**Recommendations and Restrictions While on Trip**

Special diet \_\_\_\_\_

Special medicine (by name) \_\_\_\_\_

Swimming, diving? \_\_\_\_\_

Strenuous activities? \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**Parents Health Authorization and Release of Claim**

This health history is correct, so far as I know, and the person herein described has permission to engage in all trip activities except as noted by me.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Music Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form.

We further agree to release all Blaine High School Music Department staff and all sponsoring organizations from all claims or demands for ourselves and on behalf of our children, against said sponsoring Blaine High School Music Department staff and organizations, their members, agents, representatives or employees, for any personal injury and / or property damage that may be suffered during the tour.

\_\_\_\_\_  
(Student)

\_\_\_\_\_

\_\_\_\_\_  
(Both Parents or Guardian)

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

Parents Health Insurance Company \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Contract Number \_\_\_\_\_

**Please fill out entire sheet and return with student to the director.**

