



Cabell Midland Collegium musicum
 Ona, West Virginia, USA 25545
 304-743-7400

Permission for Travel and Emergency Medical Treatment
2007- 2008 School Year

-----Please Print or type -----

Student Name: _____ **D.O.B.** ____/____/____

Address _____ **Home Phone (304)**-----
 Social Security # ____ - ____ - ____ (REQUIRED)

COMPLETE Medical Ins. Co. _____ **& Policy or Group#** _____
 (Please have a copy made for Mr. Harkless and send in with this form)

Medication taken regularly: _____
ALLERGIES and/or HEALTH PROBLEMS: (Please list specifics on reverse)

Contact person in case of emergency:
Name _____ **Relation to student:** _____
Address: _____ **Phone** _____

Alternate Contact Person:
Name _____ **Relation to student** _____
Address: _____
Home Phone: _____ **Work Phone:** _____

I, being a person authorized by law to give such permission, do hereby give permission for emergency medical treatment to be given to _____. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing, all reasonable attempts to contact the alternate person will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release Cabell Midland High School, and all persons associated with this trip from liability associated with any accident, injury, or disease to the person who is the subject of this form. I also grant specific permission for _____ to travel with Collegium musicum.

Signature--Parent or Legal Guardian
 State of West Virginia, USA
 County Of Cabell, TO--WIT,

I, _____, a qualified Notary Public and for the County aforesaid, hereby certify that the person whose signature appears above did, on this date, appear before me, and, after being duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence.

Taken, subscribed, and sworn to before me this _____ **day of** _____ **20** _____
My commission expires the _____ **day of** _____ **20** _____

 Signature--- Notary Public