

# Cabell Midland High School Collegium musicum

Ona, West Virginia, USA 25545  
304-743-7400, ext 7420



## Permission for Travel and Emergency Medical Treatment 2011- 2012 School Year

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

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (304)----- Parent Cell \_\_\_\_\_ Student cell \_\_\_\_\_  
Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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)

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Contact person in case of emergency:

Name \_\_\_\_\_ Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate Contact Person:

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell 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 the Cabell Midland High School 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 and seal or stamp---- Notary Public