



**Dorman Band Health/Travel Form
2009-2010**

Name _____ Nickname _____

Address _____

Phone _____ Date of Birth _____ Cell _____

Mother's Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Father's Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Who should we contact first, in case of emergency? _____

Who carries health insurance? _____

Name of insurance _____ Policy Number _____

(Please attach a copy of your insurance card to this form)

Emergency numbers other than parents: (These numbers are vitally important if we must take your child to the emergency room)

1. Name _____
Relation to Student _____
Home Phone _____ Work Phone _____ Cell _____
2. Name _____
Relation to Student _____
Home Phone _____ Work Phone _____ Cell _____
3. Name _____
Relation to Student _____
Home Phone _____ Work Phone _____ Cell _____

This is to authorize _____ (child) to take school-approved trips with the Dorman Band during the 2009-2010 school year. I understand that these trips are supervised by staff members and that my child, as a representative of the school, is subject to all school/band rules. I agree to keep the information on this form current and will notify the Band Staff of any changes. I also understand that all reasonable care will be exercised for the well-being of my child while on these trips. I, hereby, release staff members of District Six, the Board of Trustees, and/or all others concerned, from any liability for accidents while on these trips.

Custodial Parent/Guardian Signature: _____

Date _____