

Jordan School District  
Riverton High School Instrumental Music Program 2018 - 2019  
**Medical and Insurance Information and  
Parent Consent for Student Travel and Medical Treatment**

Student Name \_\_\_\_\_  
Last First MI  
Home Address \_\_\_\_\_ Hm Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Local Relative/Neighbor \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state \_\_\_\_\_

List special medical problems. If none, so state \_\_\_\_\_

List any medication(s) the student is presently taking and the purpose. If none, so state \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Student Social Security # \_\_\_\_\_ Group/Plan # \_\_\_\_\_  
Current Physician \_\_\_\_\_ Phone #: \_\_\_\_\_ Ins Co. Phone # \_\_\_\_\_

*Please attach a copy of your medical insurance identification card.*

**If you do not have medical insurance coverage** please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of responsible party: \_\_\_\_\_ Relationship to student \_\_\_\_\_

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of \_\_\_\_\_ DOB \_\_\_\_\_ hereby grant permission for the above named student to travel to all Riverton High School Band, Orchestra, Choir and / or Colorguard events under the direction of Mr. Jason Weimer, Matt Ulmer, and Max Meyer between 6/1/2018 and 6/1/2019 and hereby grant authorization to the supervisor(s) or chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

\_\_\_\_\_  
Signature of person giving consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student

State of Utah  
County of Salt Lake

On \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
\_\_\_\_\_ who is personally known to me  
\_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_  
\_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_  
to be the signer of the above document, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public