

**PERMISSION SLIP/MEDICAL FORM**

I give \_\_\_\_\_ permission to travel to all band events in 2007-2008 school year. I give Michael Oglesby, Louis Morgan, Diana Williams, and Jim Devine permission to oversee any medical attention or emergency that may occur until it is such that I can be present.

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_

Medicines:

Allergies:

Special Instructions:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date