



POCAHONTAS BANDS

2312 Stadium Drive
Pocahontas, Arkansas 72455
T 870 892 4573 x3050
F 870 892 8857
www.pocahontasband.org

TRAVEL RELEASE

Name _____ Age _____

My child has permission to travel with the Pocahontas High School Band to its various performances and events. In case of a medical emergency, I authorize the directors, staff, and /or chaperones to seek medical attention for my child. I understand that any medical bills will be the responsibility of my family and any applicable insurance policy. I release the directors and other adults from any liability, except in case of negligence.

Emergency Contact Names and Phone Numbers:

#1 _____ #2 _____ #3 _____

My child is covered under an accident insurance policy:

Insurance Policy # _____ Policyholder Name _____

Insurance Company _____ Other _____

My child is covered by Medicare, Medicaid or ARKids First (circle the appropriate program):

Insurance Policy # _____

My child is not covered under insurance protection.

I understand that school rules are in effect during the entire trip, and should my child commit an infraction of the rules, he/she will be dealt with according to school policy. My child will not be in possession of controlled substances, with the exception of prescription medication listed below.

My child is currently taking the following medicine(s):

My child is allergic to the following:

Listed here is any other information the directors should know that might be necessary to take care of my child in an emergency:

Parent/Guardian Signature

Date