



Participant Health Form Instructions

The following form is a sample Participant Health Form. Please feel free to copy and distribute as needed.

We recommend that you have a copy of this form (or similar) completed for each participant prior to departure.

It is highly recommended that students enter three "In Case of Emergency" numbers into their cell phones labeled as ICE1, ICE2, and ICE3.

Please keep all Participant Health Forms with you for the entire duration of your trip.

Insurance guidelines require that you keep the original copy of these forms for at least five years after your trip and that you provide a copy for Director's Choice Tour & Travel if requested.

For your convenience, you may mail a copy of your Participant Health Forms to Director's Choice Tour & Travel at least two weeks prior to departure. This will allow a back-up copy of the form to be faxed to a medical service provider in the event that the original copy is lost, stolen, or unavailable at the time needed.

Please mail forms to:

Director's Choice Tour & Travel
Participant Health Form Archive
10701 Upland Avenue
Lubbock, TX 79424



Participant Health Form

This form should be completed in full. It should enable your child to receive treatment if taken to the hospital by school personnel or a sponsor. One form should be completed for each child. PLEASE COMPLETE ALL SECTIONS!

I, the undersigned, do hereby authorize officials and sponsors of the Madisonville High School Band to contact directly the person named on this document, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school financially responsible for emergency care and/or transportation of said child.

Full Name of Child	
Home Address	Area Code and Phone Number
City, State, Zip Code	
Social Security Number	Date of Birth

Name of Parent, Guardian, or Grandparent or other relative who can be reached if necessary:	Phone Number
Name of Parent, Guardian, or Grandparent or other relative who can be reached if necessary:	Phone Number

Known medical problems:
Allergies:
Prescription and over-the-counter medicines used:
Child's private physician and phone number:
Insurance information:
Party responsible for payment:

sign here  Parent or Guardian	Date
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