

Information, Medical & Travel Form
(Please print)

LAST _____ FIRST _____
Student's Name

Emergency Medical Consent

Phone Numbers where parents can be reached:

Parent/Guardian Cell _____

Parent/Guardian Cell _____

Family Physician: _____ Telephone number: _____

Specify any medical conditions of which the staff or an attending physician should be aware:

Please list all over the counter and/or prescription medications, with dosage, your child has your permission to possess and administer during choir functions, including overnight trips. (ex: Tylenol - as needed, Claritin - 2X per day, Albuterol - 2 puffs as needed, etc.)

Insurance information: Name of Policy Holder: _____ Employer: _____

Insurance Company: _____ Policy No. _____ Group No. _____

CONSENT for Travel and Medical treatment:

I give permission for the above-named student to travel with the Tigard High School Choir Program during the school year 2022-23.

If deemed necessary by school officials during a function of the Tigard High School Choir Program, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of serious illness, the need for major surgery, or significant injury, I understand that an attempt will be made by the attending physician or staff member to contact me in the most expeditious way. If said physician or staff member is not able to communicate with me, the treatment necessary for the best interest of the student may be given.

Signature of Parent/Guardian: _____ Date: _____

TIGARD HIGH SCHOOL CHOIR HANDBOOK ACKNOWLEDGEMENT

I have read the THS Choir Handbook in its entirety, agree to be responsible for the information contained within it, and have marked my home calendar with all required events. I understand the ramifications of missing a required event. I understand the expectations and my responsibilities in choir and am willing to live up to them.

Technology Questionnaire *(Circle Yes or No to the following questions:)*

- | | | |
|---|-----|----|
| 1. I have access to the internet at home: | Yes | No |
| 2. I have access to a printer at home: | Yes | No |
| 3. My student has access to a smartphone: | Yes | No |
| 4. As a Parent/Guardian, I have access to a smartphone: | Yes | No |

(Student Printed Name)

(Parent/Guardian Printed Name)

(Student Signature)

(Parent/Guardian Signature)

(Date Signed)

(Date Signed)

Student's Class Period

FORM CHECKLIST (forms to be returned to Mr. Hawthorne)

If any student does not have access to the Internet and/or a printer at home, pages can be printed on an as needed basis. Other papers will be handed out throughout the year and will also be available on Canvas.

_____ Handbook Acknowledgement Receipt

_____ Information/Medical/Travel Form

