Middle Creek High School

Student Club Member Traveling Information

Club Name: _____ School Year: _____ Grade: _____

Students First Name: _____ Last Name: _____
Gender: M F Date of Birth: _____/_____/_____ Race: _____ Age: _____
Date of last physical: _____

Fathers Name: _____ Work Phone #: _____
Home Phone #: _____ Cell Phone #: _____

Mothers Name: _____ Work Phone #: _____
Home Phone #: _____ Cell Phone #: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____
Emergency Contact Name: _____ Phone Number #: _____

Are you allergic to any types of medication? _____ List: _____
List any other allergies: _____
Do you take any medications regularly? _____ List: _____
Do you take medicine for emergency use? _____ List: _____
Date of last tetanus shot? _____
Do you wear glasses? _____contacts? _____ dental appliance? _____
Do you have asthma? _____ If so, do you have an inhaler? _____
Do you have any other medical conditions? _____List:_____
Have you had a serious medical condition in the last year? _____ List: _____
Insurance Company Name: _____
Policy/Group#: _____

I request that _____ (student) be allowed to participate in the club and/or activity planned and, recognizing the risk's inherent in the club and/or activity planned, specifically consent to the student's participation. In the event of an accident or medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided above to attempt to contact me in the event of such accident or emergency.

- **BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**
- **I ASSUME RESPONSIBILITY FOR CONTACTING _____ (TEACHER/SPONSOR) IF THEE IS ANY CHANGE TO MY CHILD'S MEDICATIONS, NEED FOR MEDICAL ASSISTANCE, OR MEDICAL CONDITION AFTER I COMPLETE THE HEALTH INFORMATION ON THIS FORM**
- **IF THIS FORM IS NOT COMPLETED AND RETURNED BY_____ (DATE), THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE.**

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____