

Travel Forms

Date: ___/___/___

(Name)

Date of Birth: ___/___/___

Gender: M / F
(circle one)

(Student ID Number)

(Parent/Guardian Name)

Phone: () - _____

Work Phone: () - _____

(Parent/Guardian Name)

Phone: () - _____

Work Phone: () - _____

Travel Permission Form

_____ has permission to attend the Dixie Classics Festival 2005 Band Trip and all events included in the itinerary. All costs and events are fully understood.

(Parent/Guardian Signature)*

Rules Compliance Form

I have read the Trip Rules and completely understand their implication and the punishment that may incur as a result of any offense.

(Parent/Guardian Signature)*

Date: ___/___/___

(Student Signature)*

Date: ___/___/___

**Signature Needed*

Medical Form

_____ has permission to be treated in the event of an emergency, and be administered medication by an authorized staff member.

*(Parent/Guardian Signature)**

Medical Information

List all medications that student is currently using:

List any allergies: _____

Briefly explain medical history: _____

Explain all current medical conditions: _____

Medical Insurance Provider: _____ Policy Number: _____

Emergency Contact Numbers

(Family Doctor Name) Phone: () - _____

(Name and Relation) Phone: () - _____ Work Phone: () - _____

(Name and Relation) Phone: () - _____ Work Phone: () - _____

**Signature Needed*