

**TRAVIS HIGH SCHOOL 2019 PRO GRAD
MEDICAL RELEASE FORM**

My son/daughter, _____, has been determined to have the following allergies:

He/She requires the following medication(s) for the treatment of:

Our family doctor is: _____ Phone _____

Insurance Company Name: _____ ID # _____

I further consent to the treatment of _____ by the medical facilities at a Public health service or civilian physician/medical facility in the event of any illness/accident.

In case of emergency, call: _____ **Phone** _____

Alternate Phone _____

To be completed by student:

I have read the Pro-Grad guidelines and policies and agree with its contents. I agree not to use illicit drugs or alcohol before or during Travis High School's Project Graduation.

Student Signature: _____ Date: _____

To be completed by parent:

I have read the Pro-Grad guidelines and policies and agree with its contents. I hereby waive any and all liability for injury while my son/daughter is a participant of Travis High School's Project Graduation. (Parents must sign even if student is 18 years of age**)**

Parent Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

You MUST turn in this completed form when purchasing a Pro Grad ticket. No ticket will be sold without a completed form signed by the parents.

