

**Joliet Township High Schools**  
*Student Medical and Treatment Authorization Form*

**Student Information**

**(Please print)** Student Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Student cell (\_\_\_\_) \_\_\_\_\_  
Email addresses: Parents \_\_\_\_\_  
Student \_\_\_\_\_

**Emergency Contact and Parent/Guardian Information:**

**1<sup>st</sup> Contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ email \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**2<sup>nd</sup> Contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ email \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Treatment Authorization To be completed by Parent or Guardian**

In the event I cannot be reached in an emergency, I hereby authorize Mr. Eric Wellman, Ms. Alyson Bauman, or their adult designee, to seek and obtain medical treatment for my child. I further authorize the selected medical entity to provide emergency medical care for my child; and further, I state that my child is in good health and that I assume the health responsibility for said child.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_ Relationship \_\_\_\_\_  
(parent/guardian)

I hereby give permission to administer over-the-counter medications such as Tylenol, Advil, Antacids, or cold medications only when needed.

List specific over-the-counter medications **NOT** to be given: (Aspirin will **NOT** be administered)

\_\_\_\_\_  
Dated: \_\_\_\_\_ Signed: \_\_\_\_\_ (parent/guardian)

*If you are sending medication with your child, make sure that it is clearly labeled with his/her name, dosage, name of medication and the times to be given.*

**Health Care Providers:**

Family Doctor \_\_\_\_\_ Office phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy/ID No. \_\_\_\_\_ Plan No. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Health Insurance Phone No. (\_\_\_\_) \_\_\_\_\_

Do any pre-certification, notification or other requirements exist with respect to the health insurance of the student? If so, please specify \_\_\_\_\_

**Current Medications** \_\_\_\_\_

**General: Does the student have: (if yes, explain)**

Yes  No Allergies? (i.e., food, drug) \_\_\_\_\_

Yes  No Asthma? \_\_\_\_\_

Yes  No Heart Condition? \_\_\_\_\_

Yes  No Vision or Hearing Impairment? \_\_\_\_\_

Yes  No Other? \_\_\_\_\_

**Is student subject to: (if yes, explain)**

Yes  No Headaches? (Especially migraines) \_\_\_\_\_

Yes  No Sleep walking? \_\_\_\_\_

Yes  No Upset stomach? \_\_\_\_\_

Yes  No Other? \_\_\_\_\_

**Does student have a reaction to: (if yes, explain)**

Yes  No Bee stings? \_\_\_\_\_

Yes  No Penicillin? \_\_\_\_\_

Yes  No Other? Please specify: \_\_\_\_\_

Yes  No Has the student had any serious illness or surgery **within the past ten years** \_\_\_\_\_

Yes  No Are any drugs ineffective in treatment? \_\_\_\_\_

Yes  No Does the student wear **contact lenses**? \_\_\_\_\_ Date of **last tetanus shot**: \_\_\_\_\_

Yes  No Special Needs or Dietary Restrictions? \_\_\_\_\_

I hereby give \_\_\_\_\_ permission to participate in all activities of the Joliet West Band Program as approved by the Joliet West Administration and JTHS School Board.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_ (parent/guardian)

**INFORMATION PROVIDED ON THIS FORM WILL BE USED SOLELY TO PROVIDE APPROPRIATE CARE FOR YOUR CHILD DURING ACTIVITIES AND WILL BE KEPT CONFIDENTIAL.**

# Joliet Township High School West Campus Field Trip Notice

Name of Student \_\_\_\_\_ I.D. Number \_\_\_\_\_

Trips: Nashville, TN Date: March 27-31, 2025

Sponsoring Group: Band Sponsor: Eric Wellman/Alyson Bauman

Time of Departure: 7AM Approximate Time of Returning to School: 5PM

Approval of Parents:

\_\_\_\_\_ has my permission to participate in the field trip described above. I understand that an adult sponsor will have authority while students are on the trip, and that all District 204 school rules and policies apply. While every precaution will be taken to safeguard the students, it is understood that the school can assume no further responsibility.

Signed \_\_\_\_\_  
(Parent/Guardian)

JOLIET TOWNSHIP HIGH SCHOOL DISTRICT NO. 204  
RELEASE OF LIABILITY AND MEDICAL CONSENT

The undersigned student and parent understand that the student is about to engage upon a trip which is associated with the High School District and for which chaperons may accompany those participating in the trip for the purpose of providing limited supervision. District employees or others may also participate in the planning or supervision involved in the trip. The undersigned acknowledge that any travel involves certain risks including those associated with transportation, unfamiliar food, foreign lodging, unexpected medical problems and other risks over which the High School, its employees and chaperons may have little, if any, influence.

Understanding the nature of the trip, and the apparent risks involved, the undersigned do hereby waive and release any and all claims, demands or causes of action which they may presently have or have in the future against Joliet Township High School District No. 204, its board members, employees, agents and chaperons from any and all injury, loss, damage, accident, delay or expense of any kind or nature which may arise out of the student's participation in the trip, including but not limited to the risks identified above or personal injury or property damage which relates in any fashion to the student's participation in the trip, and further, we hereby further agree to indemnify and hold District 204, its board members, its employees, agents and chaperons harmless from any similar claims, including attorney's fees, which may be brought against them by the undersigned or as a result of any action or activity of the student or parent for any loss, injury or damage caused as a result of or consequence of the student's activities while participating in the trip.

The undersigned hereby grant the chaperons full authority to take whatever actions they may consider warranted regarding the student's health and safety and at their discretion to provide any medical consent necessary for any medical care, treatment or services which the chaperon deems necessary. If a chaperon deems it necessary, the chaperon is further authorized to contract for the student's transportation, at the parent's expense for any disciplinary or medical purpose.

The undersigned student understands that this is a supervised program, and the group standards must be observed and that they will at all times remain under the supervision of the chaperons and school personnel and will comply with their rules, standards and instructions for behavior. The chaperons and school personnel shall have the right to enforce the appropriate standards of conduct and may at any time terminate the trip for failure to maintain these standards for any action or conduct which they consider to be incompatible with the interest, harmony, comfort and welfare of any students or others associated with the trip.

The undersigned acknowledge that the chaperons and school personnel have the right to make alterations in programs and itineraries as they deem necessary and that if the trip's charges are based on applicable tariffs and government regulations, they are subject to change depending on the regulations in effect at the time of departure.

Any reference herein to parents of the student shall include the legal guardian or other adult responsible for the student.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT