Willis High School Choir
Medical Release Form/Permission Slip
2025-2026

Student's Last Name First Name M.I. S.S. Number

Home Address City Zip Home Phone

Mother's/ Guardian Name Work Phone Number Cell Phone

Father's/Guardian Name Work Phone Number Cell Phone

Name of Person to contact in case of emergency Phone Number Cell Phone

Name of Insurance Company Name of Insured

Policy/Certificate Number Group Number

List any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, asthma, medications taken regularly, etc.

The parents or guardian of each student attending school related events grants the sponsor or other persons in charge, permission to obtain medical help if needed and releases the school and sponsor from liability for any occurrence in relation to said activities. Such treatment will be administered only by a licensed nurse or doctor. We, the parents/guardians, agree to accept responsibility for all authorized doctor, hospital and medical expenses incurred. All WISD Fine Arts students may be subject to random drug testing when participating in a UIL event.

Parent/Guardian signature:_____

We, the parents/guardians hereby give permission for _____ to
(Student's name)
travel and participate with the Willis High School Choir at all school sponsored field trips and events during the 2025-2026 school year. The Directors and/or nurses on the choir trips have my permission to give my child Ibuprofen for headaches or other pain while traveling with the Choir.

___ YES, they DO have my permission
___ NO, they DO NOT have my permission.

Please complete this form and return it to Mr. Jackson Howard
Students must have this form on file before traveling with the Choir.

Signature of Student:_____ Date:_____

Signature of Parent/Guardian:_____ Date:_____