

Jordan School District Medical and Insurance Information Parent Consent for Student Travel and Medical Treatment

Student Name		MI			
Last	First				
Home Address	XX/1- D1	Hm Ph:			
Parent/Guardian	WK Pn:	Cell Ph;Phone:			
Local Relative/Neighbor		Filone			
MEDICAL INFORMATION					
List known allergies (food, medications, etc.) If none, so state					
			MEDICAL INSURANCE INFORMATION		
			Madical Ingurance Company		Phone #:
			Policy #	Group/Plan #	
Current Physician		Phone #:			
Attach a printed copy of					
*If you do not have medical insurance cov					
For and in consideration of emergen	cy services and goods rer	ndered by or through the			
attending physician(s), the undersign	ned hereby guarantees pay	yment in full immediately			
upon receipt of the final hilling					
*Signature of responsible party:	Rel	ationship to student			
CONSENT FOR TRAVEL AND FOR MED	NCAL TREATMENT				
I, the undersigned, being the parent or the le		DOB			
hereby grant permission for the above named	d student to travel to Hone				
with HHS Music Hawaii Tour dur	ring (dates) March 25-30, 7	2024 and hereby grant			
authorization to the supervisor(s) or chapero	ne(s) of this school trip to	o obtain any emergency medical			
and/or surgical treatment and procedures fro	m a physician or hospital	emergency room physician on			
behalf of the above named minor. I also gra	nt permission for the sup	ervisor(s)/chaperone(s) to administer			
medication as indicated by physician.	no positivosion ace and any	1			
medication as marcated by physicians					
Signature of person giving consent	Date	Relationship to student			
State of Utah County of Salt Lake					
County of Sait Lake					
On, 20,		personally appeared before me,			
who is personally known to me	e				
whose identity I proved on the					
whose identity I proved on the	oath/affirmation of				
to be the signer of the above document, and he/she acknowledged that he/she signed it.					
Notary Public					