

**FORM 15**

**ASSOCIATION OF TEXAS SMALL SCHOOL BANDS**  
2010 Information, Permit and Medical Release

We, as parents of \_\_\_\_\_, have discussed with our child his/her participation in the Association of Texas Small School Bands All-State Band and related activities and hereby give our permission for him/her to participate. He/She has assured us that he/she will conduct himself/herself in such a manner that credit will be reflected on the band, the school and the community that he/she represents.

We understand that students will have a Designated Chaperone while they are in San Antonio and that normal precautions will be taken in the interest of their safety. We understand that liability for loss of personal or school property lies solely with our child while he/she is involved with this activity. Our signatures signify our endorsement and approval of the policies and regulations pertaining to this activity. We hereby release the Association of Texas Small School Bands (hereinafter referred to as "ATSSB"), its officers, sponsors, chaperones, and other agents from any liability which might result from the enforcement of these policies and regulations or from any accident or injury which might result in connection with this activity or from any loss of personal or school property which might result during the clinic and concert. Our child is being permitted to participate with our full knowledge and consent.

We, the undersigned, do hereby authorize any duly elected officer of ATSSB as our agent for the purpose of consenting to any x-ray examination, anesthetic, medical or surgical diagnosis, operation and/or treatment and hospital care under the supervision of any physician or surgeon licensed under the Medical Practices Act, whether such x-ray examination, anesthetic, medical or surgical diagnosis, operation and/or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis, operation and/or treatment and hospital care rendered, but is given to provide authority and power on the part of ATSSB to give specific consent to any and all such x-ray examination, anesthetic, medical or surgical diagnosis, operation and/or treatment and hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain in effect from 12:00 noon on February 10, 2010 until 12:00 midnight on February 13, 2010 unless sooner revoked in writing and delivered to ATSSB.

Insurance Carrier \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Group/Policy Number \_\_\_\_\_  
Medical conditions or allergies and/or prescription medication the student must take \_\_\_\_\_

Person to contact in an emergency if parent is unavailable:  
Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

We understand that ATSSB does not or may not carry any insurance relative to this event or for injuries to the student. We hereby affirm that the student has insurance through the above-named insurance carrier.

\_\_\_\_\_  
parent or guardian signature date

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State of Texas  
County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature  
(Personalized Seal)