

Hughesville Junior-Senior High School
Pep Bus Permission and Medical Form

(To be completed by students/parents prior to riding HHS Pep Bus)

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone (Home): _____ Work: _____ Cell: _____

Friend or relative to contact if parent/guardian is unavailable: _____

Phone (Home): _____ Work: _____ Cell: _____

List any medical problems: _____

List any allergies: _____

Family Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Will the student have any medication with them? Yes / No

If so, please note and attach a copy of the prescription: _____

****Medications must be cleared by the School Nurse prior to the trip****

Name of Medical Insurance Provider: _____

Please note that when riding the Pep Bus you are required to follow all rules and regulations that apply to students during school hours as defined by the student handbook. Therefore, any student who chooses to misbehave will be dealt with as per the discipline guidelines. Any student riding the Pep Bus to the game **MUST** return on the Pep Bus. Please sign below indicating that you understand what is expected of students and what the consequences will be for misbehavior:

(x) _____
Student signature Date

(x) _____
Parent / Guardian Signature Date

****By signing this form you grant permission for your child to ride any/all Pep Busses for the current sports season. This form will be kept on file in the high school office. Students will be responsible for signing up to ride the Pep Bus and paying for the bus before the event and also for the game ticket.**