



Highland Springs High School Band
Permission and Medical Consent Form

2009-2010 Marching Band Camp, Practices, Games, Competitions, Parades, and other trips

Please PRINT LEGIBLY or TYPE and complete all blanks. Please complete both pages of the form.
Attach a Photocopy of Health Insurance Card (front and back) to this form.
Student CANNOT participate in activities without a completed medical form and copy of his/her insurance card.

Student Information

Last Name First Name Grade

Mailing Address (Street, Apartment):

(City) (State) (Zip) (Phone)

Date of Birth Insurance Company Policy No.

Physician Phone Hospital

Parent/Guardian Information

Mother: Name Home Phone: Cell/Work:

Father: Name Home Phone: Cell/Work:

To Be Completed By Parent or Guardian (Please sign where full signature is required):

I hereby give permission to administer minor medical treatment to my child including giving over-the-counter medications. You MUST initial beside each medication your child is allowed to have:

Tylenol (acetaminophen) Advil (ibuprofen) Pepto-Bismol (bismuth subsalicylate)
Benadryl (diphenhydramine) Chloraseptic Lozenges Robitussin cough and cold

Signature of Parent/Guardian Date

List medications your child takes. Include regular medications as well as medication carried in the event of an emergency (i.e.: asthma inhaler); including dosage and frequency.

Past or Present Health Conditions: Check all that apply.

Allergies: o None o Medicines o Food o Other

o Asthma o Diabetes o Convulsions/Seizures o Heart Trouble/Murmur o Hemophilia
o Contact Lenses o Kidney Disease o High Blood Pressure o Cancer/Leukemia
o ADHD (Attention-Deficit Hyperactivity Disorder) o Other

Explain

Please include an additional sheet for more information, description, or instructions.

In the event I cannot be reached in an emergency, I hereby give my permission to the band director (and chaperones in the absence of a band director) to secure proper medical treatment for my child as named above.

Signature of Parent/Guardian Date

Emergency Phone Contact (To be used in the event parent/guardian can't be located.)

Name Phone
Name Phone

Chaperone Documentation of Treatment (First Aid and Medications) given to student.

Date/Time Complaint Treatment

Additional Comments

Date/Time Complaint Treatment



Permission Form and Liability Release Form
(Please complete page one of this form.)

Last Name _____ First Name _____ T-SHIRT SIZE _____

Grade: 9 10 11 12 Instrument _____ SHOE SIZE _____

Student Participating In: Instrumental ___ Dance ___ Flag ___ Pit Crew ___ SHORT SIZE _____

Mailing Address (Street, Apartment): _____
(City) _____ (State) _____ (Zip) _____ (Phone) _____

Email Address: Father's _____

Email Address: Mother's _____

• I give my child permission to travel with the Highland Springs High School Band during the school year 2009-2010 on school buses and coach buses for the purpose of participating in the band's various required activities, including but not limited to football games, concerts, competitions, etc. It is my understanding that these activities will be conducted within and without the State of Virginia and that some of the activities will be physically strenuous. I understand that my child must obey all rules and regulations, which will be clearly stated in the Code of Conduct. In case of serious violation of any rules or regulations, I will be notified by telephone, if possible, and arrangements will be made for the child to return home. Should the above discipline be necessary, I agree to be responsible for any expense incurred.

• In the event that my child becomes ill or sustains an injury while participating in a Band activity, I give permission to a leader or chaperone to take whatever steps are necessary to administer first aid. In the event that I can not be reached by telephone, I also consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply to all emergency situations and a copy of this form is as valid as the original.

• I further agree that the medical and emergency information provided on this form and any attached documents are accurate and current.

• Highland Springs High School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Highland Springs High School nor the sponsors will be responsible for personal injury to my son/daughter or for the loss or damage to his/her personal property.

• I understand that on any authorized band trip my son/daughter has the privilege and responsibility for making up his/her work missed. Band camp dues must be paid at the time of registration. There will be no refunds of band dues or monies paid for band membership and/or band related expenses.

Signature of Parent/Guardian _____ Date _____

• I give the Highland Springs High Band Boosters permission to include my child's picture and name on the band website at <http://www.hshsband.com/> for the school year 2009 - 2010. I understand that my child's picture and/or name will only appear in connection with band activities such as, but not limited to pictures from the fall marching season, annual car wash, competitions, concerts, awards recognitions, etc.

Signature of Parent/Guardian _____ Date _____

Privacy Notice to Parents

In order to appropriately care for your child, selected medical information will be available to chaperones. Page one of this form and a copy of the insurance card will be copied and placed in a binder that will be located on each bus. This form will be considered confidential information, and will be divulged only on a need-to-know basis.

If you have any questions or concerns, please notify the band director, Davon Yonkers, 804-737-8111.

I have read and understand the Privacy Notice, and agree to follow the Code of Conduct rules and trip outline as defined above.

Signature of Parent/Guardian Date

Signature of Student Date