

FIELD TRIP PERMISSION FORM

_____ has my permission to attend all Marching Band field trips for the 2020-2021 season. I understand transportation will be by bus.

Parent/Guardian signature: _____ Date: _____

EMERGENCY PERMISSION FORM

Student's name _____ Grade ____ Age ____ Date of Birth _____

Name of School _____ Insurance _____

Home Address _____

Please list any health problems that might be helpful to a physician when evaluating your child during an emergency.

Please list any allergies to medications, etc. _____

Is the student presently taking medication? If so, what name and dosage? _____

Does the student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: The school has my permission in an emergency to have my child transported to the Emergency Room of the nearest hospital. The hospital and medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Parent/Guardian work phone number _____ Home phone number _____

Other emergency contact person _____ Phone number _____

By signing this emergency form, I am granting permission for emergency services for my child and I am acknowledging that my child and I have received, read and will adhere to the guidelines provided in the *Activities Guide for School Students and Parents*.

Student signature

Date

Parent/Guardian signature

Date