



Student Name: \_\_\_\_\_

### PARENTAL CONSENT AND EMERGENCY INFORMATION for school trips/activities sponsored by the Houston High School Band

<b>Trip or Activity Planned</b>	<b>2009-2010 Band Camp, Football Games away from school premises, Marching Competitions, Ensemble Performances, and Fall/Spring Trip Competitions</b>
<b>Purpose of Trip or Activity</b>	Practice, performing marching shows, auditorium-type performances, and other performance
<b>Method(s) of Transportation</b>	Either Shelby County school buses, charter or contract buses, or private vehicles*
<b>Teacher(s) Responsible</b>	Jim Smith and Spencer Nesvick, Band Directors of the Houston High School Band
* When private vehicles are used for transportation, the vehicle owner's liability coverage is applicable in the event of any vehicular accident. When students are transported by Shelby County school buses, the school system vehicle liability coverage is applicable in the event of any vehicular accident.	

Changes/Cancellations:

I understand that school trips may be cancelled when necessary by the principal, superintendent, board of education or other. Reimbursement cannot be guaranteed when such cancellations occur. Parents/guardians will be notified as early as possible.

Expectations and Instructions:

I understand the following is expected of the student: 1) to follow instructions given by the teacher(s) and/or chaperone(s), 2) not to leave or separate from the group without appropriate authorization from a teacher or chaperone, and 3) to comply with all Shelby County School policies and rules of conduct. In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip (at parent/guardian expense) and the student will be subject to school disciplinary actions.

Parental/Guardian Authorization:

I request that the above-named student be allowed to participate in the planned trip(s), I understand the change/cancellation information, expectations and instructions, and confirm the student has insurance coverage. I specifically consent to the student's participation in the planned trip(s) and release and hold harmless Houston High School, Shelby County Schools, and its agents from any responsibility in the event of an accident. I also consent/release to the band any use of the above-named student's photo as needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\* SIGNATURE and EMAIL are required for PARENT and STUDENT before the form can be submitted \*\*\*\*\*

Special Conditions:

If the trip(s) includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc.) or participation in amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities, and release the HHS Band Boosters, Houston High School, Shelby County Schools, and its agents from any responsibility in the event of an accident.

I AGREE \_\_\_\_\_ I DO NOT AGREE \_\_\_\_\_ TO THE ABOVE SPECIAL CONDITIONS

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Medical Emergency Authorization:

In the event of a medical emergency while my child is participating in a school trip, I authorize Shelby County School officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such an emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the cost of any such medical procedures or treatment not fully covered by my insurance provider.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Information (up to two (2) contacts):

Name \_\_\_\_\_

Phone Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Medical Information (complete as applicable):

Family Physician & Phone Number \_\_\_\_\_ ( ) - \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Known allergies \_\_\_\_\_

Regular medications, if any \_\_\_\_\_

Special health needs \_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_ #: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_