



Student Name: _____

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

This consent form is to be signed only after understanding and agreeing to the information below, and must be returned prior to any school trip, or the student will not be permitted to participate in the activity or future activities until a completed form is returned.

Trip or Activity Planned	2007-2008 Band Camp, Football Games away from school premises, Marching Competitions, Ensemble Performances, and Fall/Spring Trip Competitions
Purpose of Trip or Activity	Conducting in-depth practice, performing marching shows in various facilities, auditorium-type performances, and other performance venues away from school premises
Method(s) of Transportation	Either Shelby County school buses, charter or contract buses, or private vehicles*
Teacher(s) Responsible	Jim Smith and Michael Wilson, 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). I also consent/release to the band any use of the above-named student's photo as needed.

Parent/Guardian Signature _____ Date _____ Email _____

Student Signature _____ Date _____ Email _____

***** SIGNATURE and EMAIL are required for each 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, 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 # _____ #: _____