



Student Name: _____ Email: _____

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

Trip or Activity Planned	Band Camp, Football Games away from school premises, Marching Competitions, Ensemble Performances, and Fall/Spring Trip Competitions
Purpose of Trip or Activity	Practice, performing marching shows, auditorium-type performances, and other performance
Method(s) of Transportation	Either GMSD school buses, charter or contract buses, or private vehicles*
Teacher(s) Responsible	Matt Taylor and John Hagan, 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 GMSD 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 soon as practical.

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 GMSD policies and rules of conduct. In the event my child violates any of the above expectations or instructions, 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 release and agree to hold harmless the HHS Band Boosters, Houston High School, GMSD, and its agents from any responsibility and/or liability in the event of an accident. I also consent/release to the Houston Band and HHS Band Boosters 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. I release and agree to hold harmless the HHS Band Boosters, Houston High School, GMSD, and its agents from any responsibility and/or liability 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 or activity, I authorize GMSD 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. I release and agree to hold harmless the HHS Band Boosters, Houston High School, GMSD, and its agents from any responsibility and/or liability in the event any medical procedure and/or treatment is required for my child during a school trip or activity.

Parent/Guardian Signature _____ **Date** _____

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

Name _____ Name _____

Phone Day _____ Night _____ Cell _____ Phone 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** _____