

# Laurel Highlands School District

## Parent Permission / Waiver Form for Student Participation In Field Trip or Co-Curricular Activities

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Enrolled \_\_\_\_\_ At Laurel Highlands HIGH SCHOOL  
(Full Name of Student) (Clark, Hatfield, Hutchinson, Marshall, Middle School, High School)

Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
(Street City State Zip)

Medical Insurance Company \_\_\_\_\_ Policy Number/Group Number \_\_\_\_\_

Identification Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications Being Taken or Prescribed/Possible Side Effects \_\_\_\_\_

Other Special Medical Conditions or Allergies to Medications \_\_\_\_\_

Other Special Instructions \_\_\_\_\_

Alternative Individuals & Emergency Phone Numbers 1) \_\_\_\_\_ Phone Number \_\_\_\_\_

2) \_\_\_\_\_ Phone Number \_\_\_\_\_

I/We, give my/our permission for the above named student to participate in the 2018 MARCHING BAND field trip/activity to PARADES, FESTIVALS & GAMES. By signing this consent, the student also indicates that he/she understands this permission/waiver agreement.

I/We, give my/our consent for my/our child to receive medical treatment in the event of injury or illness while participating in the above activity. As indicated above, we/I further grant to the alternative individual designated above the same rights, powers and authority to make decisions concerning medical care for the child as I/we would be able to do.

I/We, certify, that I/we **(have) (do not have)** hospital, health or medical insurance as indicated above. I/We further agree to permit said insurance to be used in case of injury or illness.

I/We, the undersigned, intending to be legally bound, do hereby release, discharge and waive any claim or cause of action we may have against Laurel Highlands School District for any liability or any injury to the child named above, resulting from any cause whatsoever in connection with this trip/activity, including transportation to and from the place of said activity.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_ Signature \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_ Signature \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Note: If you are a single parent or for any reason difficult to reach, please include above, in addition to your own home, work, mobile phone or pager number, the number for another person who you would designate as responsible to act on your behalf in the event you can not be reached.

BAND STUDENT Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student Telephone: Cell \_\_\_\_\_ (emergency only will NOT be primary contact)

PARENT/GUARDIAN: \_\_\_\_\_

Email \_\_\_\_\_

ADDITIONAL PARENT/GUARDIAN: \_\_\_\_\_

eMAIL \_\_\_\_\_

Is your child subject to fainting? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child get car sick? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

May give over the counter medications as needed:

Tylenol (acetaminophen) Yes \_\_\_\_\_ No \_\_\_\_\_

Ibuprofen Yes \_\_\_\_\_ No \_\_\_\_\_

Antihistamine (Benadryl) Yes \_\_\_\_\_ No \_\_\_\_\_

Neosporin (triple antibiotic ointment) Yes \_\_\_\_\_ No \_\_\_\_\_

PHOTO/VIDEO RELEASE FORM

I/We hereby give permission to the Laurel Highlands Band to use photos/video of

Band Member and/or Parent Name:

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Band Member and/or Parent Name

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to create a Mustang Band Video. I/We understand that the video may be shown at the year end band banquet and possibly other occasions and will be available for the distribution to the band members and the booster's organization.

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Band Member Signature    Date

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Parent/Guardian Signature    Date

Please Note: Release form must be completed for ALL band members. Release form must also include parent if there is a possibility that parent may be photographed and/or video taped during band activities.