

# Rockmart High School Band

2019-2020

To the parents or guardians of

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## *This letter has three purposes*

1. It describes the trip(s) that we are going to take.
2. By signing this form you are giving permission for your child to participate in this activity and you are agreeing not to hold Polk School District liable for anything that might happen which is **beyond the school system's control**.
3. You are granting permission to have medical first aid treatment provided to your child in the event of an emergency.

## Description of trip(s)

Destination: Yellow Jacket Band Event

Purpose: Games/Contests/Parades/Other

Method of Transportation: School Buses

Sponsors: Andy Cox, Steve Day, Traci Thompson

## Student Medical Information

1. Current Medication: \_\_\_\_\_
2. Drug Allergies: \_\_\_\_\_
3. Medical history (describe any info that might be important if first aid is required: use the back of this form if needed ): \_\_\_\_\_  
\_\_\_\_\_
4. Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Insurance Information: Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Group Number \_\_\_\_\_ Verification Phone # \_\_\_\_\_  
Primary Insured Name \_\_\_\_\_

## Permission Statement

I hereby grant permission for my child, \_\_\_\_\_ to participate in this activity and I agree not to hold Polk School District or its representatives responsible for **events which are beyond their control**. I further agree that, if it should become necessary, medical first aid treatment may be rendered to my child as appropriate.

**Please initial here** if you allow Mr. Cox or any PSD employee to give your child OTC non-aspirin medicines for a headache or upset stomach. \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

(H)Phone: \_\_\_\_\_ (E) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

*This form will accompany us on all trips.*