

Field Trip/Medical Release/Band Handbook Acknowledgement

Student Name: _____ Grade: _____

Teacher: Schneider/Wadell/Martin

Field Trip Dates/Locations: Listed on back of this form

Mode of Transportation: Bus or School Vehicle

I hereby give permission for my child to participate in the above mentioned school related field trips.

In the event of an accident or sudden illness while on the school related field trip, I authorize school personnel to take whatever action is deemed necessary in their judgement for the health of said child, including but not limited to, authorizing medical treatment. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child at my expense.

By signing below, I affirm that I have read, understand, and agree to the rules, guidelines, and consequences in the current band handbook available at www.cjbands.org.

Medications: Please indicate if these may be given to your child from the First Aid Kit:

Acetaminophen (Tylenol): Y N Ibuprofen (Advil): Y N Benadryl: Y N

Antacid (Tums): Y N Anti-bacterial cream (Neosporin): Y N

Student Signature _____

Parent Signature: _____

Print Name: _____

Emergency Contact Phone Number: _____