

Rockmart High School Band
2017 - 2018
To the parents or guardians of

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 Events
Purpose: Games/Contests/Parades/Other
Method of Transportation: School Buses
Sponsors: David Snipes, 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. Snipes or any PSD employee to give your child OTC non-aspirin medicines for headache or upset stomach. _____

Parent/Guardian signature: _____ Date: _____

Home Phone: _____ Emergency Phone: _____

Parent Cell Phone _____

This form will accompany us on all trips.