

Band Trip Permission and Medical Form

Please return this form at the first Booster Meeting.

Student's Last Name _____ First _____

Student Home Address _____ City _____

Home Phone _____ Parent Cell #1 _____ Parent Cell #2 _____

Parent Emergency Friend _____ Phone _____

Does this student have any chronic illness? Is this student allergic to any medication? Is this student taking any medication on a regular basis? If the answer is yes to any of these questions please describe in the space below. *Use the back of the form if more space is needed.*

MEDICAL RELEASE & TRIP PERMISSION

I give my child permission to travel and participate in all band related trips. In the past, students have maintained high standards regarding behavior; however, I understand that a student who is involved in any inappropriate behavior during a trip will be reported to administration after returning to the school. I understand that Shelby County Schools, Arlington Middle School, and Arlington Middle School faculty and staff are not to be held responsible for any unforeseen occurrence during the course of any band trip. I understand when buses are not available for local trips, parents are responsible for providing transportation.

The parent or legal guardian of _____ authorizes school representatives to obtain emergency medical treatment if necessary.

Name of Insurance Company (Medical) _____

Policy Number _____

Parent's Signature _____ Date _____

INTERNET PERMISSION

During the year, band student photos are posted on the School and Band Web Pages. I give permission for my child to be included in these photos. Sign if you approve.

_____ Parent Signature Date _____

PARENT VOLUNTEER INFORMATION

Parent Name(s) _____

Parent Email (print) _____

Alternate Email (print) _____

I wish to be contacted if there is an opportunity to become a volunteer.

Yes I am also interested in serving as a future band booster officer. Not at this time.

Briefly describe your profession, expertise, or special talent in the box below.