

CONSENT FORM

I, (student name) _____ pledge to abide by all district policies of the Lamar Consolidated Independent School District Student Handbook, as well as the Mustang Band Handbook. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

I understand that the success of the trip depends on my actions and I will cooperate fully with all adults on the trip. Actions not in the best interest of the Lamar Consolidated High School Mustang Band, actions in violation of these guidelines, school rules, and state laws will be corrected, and when warranted, disciplinary action will be taken – including being sent home at my parent’s expense.

Social Security No.

Student Signature

Birthdate (MM/DD/YY)

Grade

We (I), the parent(s)/guardian(s) understand and agree that the trip is a school sponsored activity and function. This release is intended to cover all injuries and illnesses of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in any of the events listed below. I understand and agree to support all state laws and rules set by the Mustang Band, the Lamar Consolidated Independent School District, band directors, and chaperones.

Any serious infraction or repeated infractions will result in my child being sent home immediately.

I release from liability and agree to hold harmless the Lamar Consolidated Independent School District and all adult chaperones.

Parent signature

Date

Phone number during trip

CONSENT TO TREAT MINOR – please complete if your child is under the age of eighteen

I, the undersigned parent or guardian of _____ do hereby authorize the chaperone(s) for the Lamar Consolidated High School Band to obtain treatment by a licensed physician/surgeon at an office or hospital for my child. After treatment of the above named minor, his/her physical custody shall be returned to the chaperones for the Lamar Consolidated High School Band.

Parent signature

Date

CONFIDENTIAL MEDICAL INFORMATION

STUDENT NAME _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE # _____ PARENT'S WORK PHONE # _____

EMERGENCY CONTACT PERSON _____

EMERGENCY PHONE # _____

INSURANCE COMPANY _____ POLICY # _____

DOCTOR'S NAME & NUMBER _____

BLOOD TYPE _____ KNOWN ALLERGIES _____

MEDICATIONS YOUR CHILD IS TAKING (the school nurse will determine controlled substances, i.e. tranquilizers, pain meds., etc.) _____

ANY ADDITIONAL MEDICAL INFORMATION _____

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

PARENT /GUARDIAN
SIGNATURE _____

CELL PHONES

My child will bring his/her cell phone on the trip. All cell phones must be registered with the band directors!

Adults on the trip and the Lamar Consolidated Independent School District are not liable for lost or damaged cell phones.

Parent signature

Date

Student name: _____

Brand name: _____

Color: _____

Cell phone number: _____