

Skyview STORM

BAND AND DANCE PROGRAM

AUTHORIZATION FOR MEDICAL TREATMENT OF STUDENT

Vancouver School District #37
Vancouver, Washington
Skyview High School Band

This is to authorize emergency medical care and treatment for my son/daughter in my absence during the 2010-2011 school year. I understand that every reasonable effort will be made to contact me and/or our family physician if such action is necessary. I will accept all financial responsibility for medical attention for my child.

Student's Name: _____ Today's Date: _____

Student Address: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Home Phone: _____ Work Phone: _____

Alternate Emergency Contact - Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy Number: _____

If Kaiser, Chart #: _____

Date of last Tetanus Shot: _____

Please list medical information to be aware of (LIFE THREATENING REACTIONS TO FOOD, BEE STINGS OR ANY OTHER CHRONIC ILLNESS, asthma, non-life threatening reactions to bee stings, food allergies, other allergies, medication to be taken, etc.)

Skyview STORM

BAND AND DANCE PROGRAM

**PARENT'S CONSENT FOR FIELD/ACTIVITY TRIP
Vancouver School District #37
Vancouver, Washington
Skyview High School Marching Band**

In the course of present day education, the opportunity for the student to go on field/activity trips involving his/her absence from the school and/or after school and/or weekends is frequently arranged. However, in keeping with the policies of the Vancouver Public Schools, no student is permitted to take part in such a field/activity trip without the written consent of the parent or guardian. Therefore, if a parent or guardian wishes to permit his/her child to take such a field/activity trip, he/she must have written consent for this purpose.

The undersigned permission slip is your grant of authority for your child to travel to and from any field/activity trip with the Skyview High School Band during the 2010–2011 school year. Trips will include, but are not limited to, football games and competitions. The transportation provided could be one of the following: *School bus, Charter bus, Parent Vehicle*

The teacher/advisor and adults accompanying the students on the field trips are: *Band Director and/or Color Guard Instructor and/or District Employees and/or Band Advisors and/or authorized Chaperones.*

The undersigned hereby gives permission and authorizes _____ to participate in field/activity trips with the Skyview High School Band for the 2010-2011 school year. I understand that all transportation will be supervised by school authorities and that every effort will be made to ensure student safety.

Parent/Legal Guardian signature: _____

Printed Name: _____ Today's Date _____

Phone: Day: _____ Evening: _____

Student's Cell Phone #: _____