

# *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 *2009-2010* school years. 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.)

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# *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 *2009–2010* 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 *2009-2010* 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: \_\_\_\_\_