

PLEASE PRINT

**BALDWIN-WHITEHALL SCHOOL DISTRICT
BALDWIN HIGHLANDER MARCHING BAND
FIELD TRIP PERMISSION FORM**

Group (Class or Activity): _____

Teacher(s)/ Sponsor(s): _____

Destination of Field Trip: _____ Date(s) of Field Trip: _____

Departure Time: _____ Return Time: _____ Method of Transportation: _____

- *This permission form will serve as permission to attend all performances with the Highlander Marching Band.*
- *A complete performance schedule was distributed to all students and parents.*

STUDENT INFORMATION

Student's Name: _____ Date of Birth: ____/____/____

Family's Home Phone Number: ____-____-____ Cell Phone Number: ____-____-____

Parent's Work Number: ____-____-____ Add. Parent's Work Number: ____-____-____

Person to call if parents can not be reached: _____ Phone: ____-____-____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including, but not limited to, consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Doctor's Name: _____ Doctor's Phone: ____-____-____

Describe student's allergies, special factors, current medications: _____

Does the student have health insurance coverage? YES NO

Health Insurance Provider's Name: _____

Policy/ Certificate #: _____ Group #: _____

Name Insured/ Policyholder: _____

RELEASE AND HOLD HARMLESS AGREEMENT

We agree that the Baldwin-Whitehall School District and its officers, directors, employees, and representatives shall not be liable for, and we release, exonerate, and hold them harmless from all claims, actions, and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense, or loss sustained by us, in connection with our child's participation in this school sponsored activity. We make this agreement intending to be legally bound.

Parent/ Guardian Signature: _____ Date: ____/____/____

Print Parent/ Guardian Name: _____