

PLEASE PRINT

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

Group (Class or Activity): Baldwin Highlander Marching Band

Teacher(s)/ Sponsor(s): Ms. Marissa Virgin

Destination of Field Trip: Various throughout the Fall Date(s) of Field Trip: Various throughout the Fall

Departure Time: TBD Return Time: TBD Method of Transportation: Bus 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: \_\_\_\_\_