

**APPENDIX E**

**NORTH MARION HIGH SCHOOL MUSIC TRAVEL FORM**

To the North Marion High School Music Department:

My son/daughter \_\_\_\_\_ has my permission to attend school-sponsored trips for the 2018 - 2019 school year. I understand that the students will be properly supervised and chaperoned at all times.

\*\* All medication must be turned over to an appointed Chaperone that will dispense them to the student when required. This also includes aspirin and motion sickness medication, etc. (Student may self-administrate with parental permission, signature required. Please provide a list of medications currently taking – see back.)

I HAVE READ THIS FORM OF THE NORTH MARION HIGH SCHOOL MUSIC DEPARTMENT AND I AGREE TO HONOR THESE POLICIES AND SEE TO IT THAT MY CHILD HONORS THEM. TO THE BEST OF MY KNOWLEDGE, THE MEDICATION INFORMATION IS CORRECT AND MY SIGNATURE SIGNIFIES MY AUTHORIZATION TO ENFORCE MY DECISIONS INDICATED ON THE CHECK LIST.

I FURTHER UNDERSTAND THAT IF MY CHILD IS IN VIOLATION OF ANY SCHOOL RULES (E.G. DRINKING, SMOKING, USE OF DRUGS, ETC.) WHILE ON A SCHOOL-SPONSORED TRIP, HE/SHE WILL BE SENT HOME IMMEDIATELY AT MY EXPENSE. A COLLECT PHONE CALL WILL BE MADE TO MY HOME INFORMING ME OF THIS BEHAVIOR. IN THE EVENT THE PARENTS CAN'T BE CONTACTED, THE ALTERNATE CONTACT PERSON WILL BE CONTACTED TO DO THE SAME.

IN CONSIDERATION OF THE MAKING OF ARRANGEMENTS FOR THE TRIP BY THE NORTH MARION HIGH SCHOOL MUSIC DEPARTMENT, I HEREBY RELEASE AND SAVE HARMLESS THE MARION COUNTY SCHOOL COMMITTEE AND ANY AND ALL PERSONNEL OF MARION COUNTY PUBLIC SCHOOLS FROM ANY AND ALL LIABILITY FOR ANY INJURIES, OR OTHER CLAIMS, ARISING OUT OF OR RESULTING FROM OR INCURRED DURING THE TRIP.

THIS INFORMATION WILL REMAIN IN THE POSSESSION OF THE MUSIC DIRECTORS AND CHAPERONES, AND WILL BE KEPT PRIVATE UNLESS A SITUATION CALLS FOR THEM TO BE ALERTED TO A PARTICULAR PROBLEM.

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**STUDENT/PARENT AGREEMENT**

I have read the information and agree to comply with all of the policies of the North Marion High School Music Department as stated above.

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(OVER - Medical Release and Emergency Information)**

**NORTH MARION HIGH SCHOOL MUSIC**  
**Medical Release and Emergency Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
Emerg. Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
Family Physician: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_  
Name on Medical Card: \_\_\_\_\_ Blood Type \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_

Health History: (Check)

Diabetes \_\_\_\_\_  
Orthopedic Problems \_\_\_\_\_  
Asthma \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Cardiac Problems \_\_\_\_\_  
Motion Sickness \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

Allergies: (Check)

Aspirin \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Sulfa \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Tetracycline \_\_\_\_\_  
Food (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

Allowed medications (Circle): Motion Sickness Aspirin Tylenol Advil  
Parental Permission to self-administrate medications (signature): \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Has your child had a tetanus shot current to within six years? Yes \_\_\_\_ No \_\_\_\_

Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain.

I hereby give my permission for the Music Directors and Chaperones of NMHS to act on behalf of an absent parent/guardian in the event of a medical emergency involving my child/children while they are on this school-sponsored trip. This includes any medical personnel and facilities involved in such care. I understand that I will be notified IMMEDIATELY if possible, in the event of such an emergency. My signature allows the Music Directors to insure my child/children's well being in the event that he/she should need immediate medical attention.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_