

Consent to Participate in Band Activities of Springville Schools

Printed Name: _____ **DOB:** _____
(Last, First, MI) *(XX/XX/XXXX)*

Grade: _____

I. Consent to Participate

The undersigned parent(s)/guardian(s) of the above student give permission for him or her to participate in all concerts, practices, camps, events, or trips during or outside the academic year and other activities that relate to the Springville High School Band Program.

I/We understand that band activities are extra-curricular and that the student's participation requires him/her to comply with all applicable rules, regulations, and guidelines for participation in the band program that are set by Springville High School and St. Clair County Schools. I/We also acknowledge that there is a potential for injury in any physical activity, including band activities.

II. Consent for Emergency Care

I/We give permission to the band director and the marching band sponsors to apply first aid and other medical treatment for any injury or sickness sustained by the band participant in connection with band activities or medical condition arising while he/she is under the supervision of the band staff. If such injury occurs or condition arises and the undersigned parent/guardian cannot be reached, I/we also give consent for the band staff to use its judgment to secure medical aid, ambulance service, and if necessary, admit the student to a hospital, as a result of those injuries or conditions. I further authorize any hospital that treats the band participant to release him/her to the custody of a member of the band staff (or other Springville High School official) following treatment.

If an emergency occurs while the student is participating in band activities and the undersigned parent/guardian cannot be reached, please contact the following persons:

Name: _____ **Relationship:** _____ **Phone:** _____
(someone other than parent or guardian of student.)

Name: _____ **Relationship:** _____ **Phone:** _____
(someone other than parent or guardian of student.)

III. Expense of Treatment/Health Insurance

I/We understand and agree that the parent/guardian of the band participant (or any insurer of that participant), not Springville High School nor St. Clair County Schools, is responsible for paying all medical expenses incurred in connection with treatment for injury or condition that arises from band activities. The band participant is covered by health insurance or receives medical benefits from the following entity:

Name of Insurance Co./Plan: _____

Name of Insured Participant on Policy/Plan: _____

Group #: _____ Policy #: _____

Phone number of Insurer/Plan: _____

*****NOTE: PLEASE ALSO ATTACH A COPY OF THE HEALTH INSURANCE CARD APPLICABLE TO THE BAND PARTICIPANT.*****

IV. Medical Information for the Band Participant

Family Physician: _____ Physician or office #: _____

Known Allergies (food, drug, insects, etc.): _____

Current medications: _____

Medical history (asthma, diabetes, head injuries, surgeries, blood pressure, etc.):

V. Transportation to Off-Campus Band Activities

I/We understand that in the event that off-campus transportation is not provided for off-campus band activities, the undersigned parent(s)/guardian(s) will be responsible for transporting or arranging for the transportation of the named band participant to off-campus band activities. However, band participants may NOT transport other band participants or students to or from off-campus band activities without first consulting with the band director.

VI. Agreement & Signature(s) of Parent/Guardian

By signing below, I/we acknowledge that I/we have read, understand, and agree to the matters herein. The authorizations and understandings herein apply for all band activities during the upcoming school year, of the date on which I/we sign below.

Parent/Guardian signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Relationship to Band Participant: _____

Cell: _____ Work #: _____ Email: _____

Parent/Guardian signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Relationship to Band Participant: _____

Cell: _____ Work #: _____ Email: _____

VII. Acknowledgement by Band Participant

The undersigned band participant acknowledges that he/she has read, understands, and agrees to the matters stated herein.

Band Participant Printed Name: _____ Date: _____

Band Participant Signature: _____

(Insert image of insurance card below)