

**LANDSTOWN HIGH SCHOOL BAND**  
**MEDICAL INFORMATION, RELEASE OF LIABILITY AND**  
**PARENTAL FORM FOR FIELD TRIPS**  
**PLEASE COMPLETE ALL SECTIONS AND PRINT LEGIBLY**

**PERMISSION TO PARTICIPATE AND BE TRANSPORTED**

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ has my/our permission to participate and travel with the **LANDSTOWN HIGH SCHOOL BAND** and their subsidiary ensembles, (marching band, concert band, jazz band, color guard, percussion ensemble, indoor ensemble, etc.) during the school year **2010-2011**. This includes transportation to and from all functions and approved activities that the band members may attend. I/we understand that these activities are well chaperoned by parents and/or other adults approved by the Band Director. It is understood that all policies of the Virginia Beach Public Schools are in effect during band activities. I/we understand that a trip itinerary will be issued prior to all overnight trips and that all rules listed will be enforced along with those of the school system. I/we also understand that if my child becomes a discipline problem while on an overnight trip, he/she will be sent home by the quickest means available, at the parent's expense. By my signature to this statement of permission, I hereby release **LANDSTOWN HIGH SCHOOL BAND AND LANDSTOWN BAND BOOSTERS** including the chaperones, officers, directors, and instructors of the band from any and all responsibilities for acts of misconduct by students during any trip and/or function.

**MEDICAL RELEASE**

This release will authorize medical doctors and/or emergency room treatment for the above named band member while under the supervision of the Band Director. Listed below are any known medical problems, medications to be used or avoided, or any special treatment this band member is under while with the band. This information will be held in the strictest confidence. Please notify the band chaperone chairperson of any pertinent changes to your student's current medical history before each trip. Prescription medications should be given to the chaperone/nurse in charge, to dispense for the duration of the field trip.

**PERSONAL INFORMATION**

Your telephone: (Home) (    ) \_\_\_\_\_ (Work) (    ) \_\_\_\_\_  
(Cell) (    ) \_\_\_\_\_ (email) \_\_\_\_\_

**MEDICAL INFORMATION**

Personal Physician: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

In the event that no one answers at either of the above telephone numbers, whom should we contact in case of emergency?

Name \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Relationship \_\_\_\_\_

**I authorize the medical chaperone to administer all over-the-counter medications as needed with the exception of:** (circle all that apply): aspirin/ acetophenamin/ ibuprofen /motion- sickness medicine/upset stomach/diarrhea medicine/cold medication/other\_\_\_\_\_

Medical insurance policies, which are to be used in emergency cases:

Policy number\_\_\_\_\_ Insurance provider:\_\_\_\_\_

Type of coverage:\_\_\_\_\_

Please furnish pertinent medical information that we should be aware of (including allergies):\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continuing medications that are presently being received and the dosage schedule:

\_\_\_\_\_  
\_\_\_\_\_



Dated, this, \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witness \_\_\_\_\_ Parent Signature\_\_\_\_\_

Witness \_\_\_\_\_ Parent Signature\_\_\_\_\_

Witness \_\_\_\_\_ Guardian Signature\_\_\_\_\_

State of (Virginia )

SS:\_\_\_\_\_

City/County of (\_\_\_\_\_)

SWORN To and subscribed before me the above date at \_\_\_\_\_ Virginia.

\_\_\_\_\_  
Notary Public Signature

My Commission expires: \_\_\_\_\_