

CLOVER HIGH SCHOOL BAND

Field Trip & Medical Treatment Permission and Release

STUDENT'S FULL NAME: _____
(PLEASE PRINT)

SPONSOR'S NAME: **Clover High School Band Staff & Chaperones**

#1 Parent/Guardian Name: _____

Home #: _____ Cell #: _____

Work #: _____

#2 Parent/Guardian Name: _____

Home #: _____ Cell #: _____

Work #: _____

EMERGENCY CONTACTS: <i>(other than Parent/Guardian)</i>		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Please complete the questionnaire below. Your responses will be kept confidential, but we need accurate information for use when your child is in our care and if emergency treatment is needed. Please **attach** any additional needed explanations... **ESPECIALLY REGARDING FOOD ALLERGIES!!!**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have a current medical problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have heart issues, murmur, etc.?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have epilepsy or any other nervous disorder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have High Blood Pressure?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever had rheumatic fever?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have kidney or liver problems?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have any kind of anemia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have diabetes or hypoglycemia?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you get frequent headaches or suffer from migraines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have asthma or other breathing problems?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you carry an epi pen or asthma inhaler with you at all times?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you had a tetanus shot in the last 7 years? Date: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you allergic to any medicines?			
If yes, please list: _____					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you taking any medications at this time?			
If yes, please list: _____					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you allergic to any FOOD or ADDITIVES?			
If yes, please list: _____					

INSURANCE INFORMATION (PLEASE FILL OUT COMPLETELY)	
Responsible Party: _____	SS#: _____
Insurance Company Name: _____	Policy #: _____
Insurance Company Address: _____	

In consideration of permitting my child to accompany the Clover High School Band Program on its trips to football games, festivals and other related band trips during the school year 2020-21, I hereby agree to indemnify and hold harmless the Clover High School Band, Clover School District #2, its teachers, employees, chaperones and trip sponsors against any claim for damages, compensation or otherwise on the part of said minor(s) or his (her) heirs, executors or administrators and to reimburse or make good any loss or damages or costs the Clover High School Band, Clover School District #2, its teachers, employees, chaperones or trip sponsors may have to pay if litigation arises on behalf of any claims made by said minor(s) or anyone on his (her) behalf as a result of injuries sustained by my child on said trips. The student participant listed above and the parent(s)/guardian(s) whose signature(s) appear below hereby consent to any and all medical and, or surgical procedures, including anesthesia and operations which may be deemed necessary and/or advisable by his/her attending physician and surgeons. **I do understand that every effort will be made to contact me prior to such treatment and/or decisions being made.** In the event that I cannot be reached prior to treatment, I hereby authorize the Band Staff or Booster Parent Chaperone to secure proper treatment for my child as deemed necessary by a licensed medical professional. The intention hereof, being to grant authority to administer and perform any and all procedures, which may now, or during the course of a patient's care, be deemed advisable or necessary.

Parent/Guardian Name (*print*): _____

_____ Date

Parent/Guardian Name (*Signature*): _____