

**PARENTAL CONSENT AND EMERGENCY INFORMATION
FOR SCHOOL TRIPS**

2010 PRMB Pep Band Form

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED AT LEAST 5 DAYS PRIOR TO THE FIELD TRIP, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED LOCATION. ABSENCE FROM SCHOOL DUE TO NON-PARTICIPATION WILL BE CONSIDERED SKIPPING CLASS. THIS FORM MUST BE KEPT WITH THE ADULT SPONSORS OF THE TRIP AT ALL TIMES. A COPY OF THE FORM SHALL BE LEFT IN THE PRINCIPAL'S OFFICE PRIOR TO THE TRIP. COMPLETION AND SIGNING OF THIS FORM INDICATES THAT THE STUDENT, PARENT OR GUARDIAN, AND SPONSOR HAVE READ AND APPROVE THIS FORM AND ITS CONTENTS. SIGNING THIS FORM PROVIDES CONSENT FOR THE FOLLOWING:

1. Student travel, to and from, and attendance at activities specified below
2. Emergency medical treatment
3. Waiver of liability

It is the philosophy of Person High School that it is a privilege and honor for a student to attend off-campus functions. As such, each student represents his/her school, community and family. Students are expected to follow all school rules and regulations. In cases of uncertainty, the student should confer with the advisor or chaperone prior to the trip since ignorance of rules is not an acceptable excuse. Teachers and chaperones are responsible for enforcing rules and regulations to ensure, to the greatest degree possible, the safety and well being of the student(s) involved in the activity.

STUDENTS ARE NOT ALLOWED TO DRIVE PERSONAL VEHICLES TO & FROM A SCHOOL TRIP
Trip or Activity Planned: Pep Band for: Oxford Webb (8/27) , George Washington (9/3) & Jordan HS (10/22) Football games

Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities and the dates, time, and places of departure and return.

Purpose of trip or activity: Perform as a Pep band to support our Football Team

Teacher(s)/Sponsors/Advisors/Chaperones: Mark Robertson

Method of Transportation: Activity Bus

Changes/Cancellations

Signing this form indicates an understanding that trips may be cancelled when necessary by the principal, superintendent or Board of Education. Parents/Guardians will be notified of any significant change in plans prior to the school trip.

Insurance Coverage

The parent/guardian declares that the student has insurance either through the school system's student insurance program or through a private insurance carrier.

Release and Waiver

The parent/guardian hereby releases and waives, and further agrees to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim that I, any other parent or guardian, any sibling, the students or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM AND RETURN TO THE SCHOOL.

PERSON HIGH SCHOOL

FIELD TRIP FORM – 2010 PRMB Pep Band

I REQUEST THAT THE BELOW NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE TRIP PLANNED AND SPECIFICALLY CONSENT TO THE STUDENT'S PARTICIPATION

NAME OF STUDENT _____
PARENT OR GUARDIAN SIGNATURE _____ DATE _____
STUDENT SIGNATURE _____ DATE _____

SPECIAL CONDITIONS

If the trip includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc. or participation on amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities.

I AGREE _____ DO NOT AGREE _____ TO THE ABOVE SPECIAL CONDITIONS

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/LEGAL GUARDIAN MEDICAL EMERGENCY AUTHORIZATION

In the event of a medical emergency while my child is participating in a school trip, I authorize Person County Public School system officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the cost of any such medical procedures or treatment.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMERGENCY CONTACT INFORMATION:

1ST CHOICE: NAME _____

PHONE (DAY _____) (NIGHT _____) (CELL _____)

2ND CHOICE: NAME _____

PHONE: (DAY _____) (NIGHT _____) (CELL _____)

EMERGENCY MEDICAL INFORMATION

STUDENT _____ AGE _____

SOCIAL SECURITY NUMBER(optional) _____

COMPLETE HOME ADDRESS _____

HOME PHONE NUMBER _____

FAMILY PHYSICIAN _____ PHONE _____

DATE OF LAST TETANUS BOOSTER _____

KNOWN ALLERGIES _____

CURRENT MEDICATION AND DOSAGE _____

SPECIAL HEALTH NEEDS _____

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

THIS FORM MUST BE KEPT WITH SCHOOL OFFICIALS AT ALL TIMES DURING THE SCHOOL TRIP

PLEASE RETURN TO Mr. Robertson ASAP!