

Forsyth Central Flash of Crimson

Medical Consent, Travel and Participation Form 2011-2012

Full Name of Student: _____ DOB _____ Age _____

Mailing Address: _____ City _____ GA ZIP _____

Student's Cell Phone _____ Home Phone _____

Student's e-mail: *Please print carefully* _____

Parent or Guardian #1 _____ Cell Phone _____

Parent #1 e-mail: *Please print carefully* _____

Parent or Guardian #2 _____ Cell Phone _____

Parent #2 e-mail: *Please print carefully* _____

Allergies (including medicines): _____

Authorized medication to carry: _____

If needed, my child may be given: ___ Advil, ___ Tylenol, ___ Sudafed ___, Other (over-the-counter) _____

Check if applicable: Heart Disease ___, Asthma ___, Seizures ___, Bronchitis ___, Diabetes ___, Dental Appliance ___

Other Pertinent Information Concerning Student's Medical Condition :

The Following Must be Complete:

Name of Policy Holder _____ Insurance Company: _____

Policy Number: _____ Group Number: _____

The Student Should Carry Health Insurance of Some Kind! If Family or Employer Insurance is Not Available Then the Student Should Carry 24 Hour School Insurance! Students Without Insurance Must Provide a Signed Waiver Letter From the Parents.

We certify that all of the information provided by us on this form is correct. If the student is injured while participating in band activities, and the Parent/Guardian is unavailable, we grant permission to the Forsyth Central High School Band Chaperones or Directors to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

The student will be allowed to participate in all FCSS approved and scheduled band trips. We understand that transportation may or may not be provided by FCSS. When provided, all band members must ride to and from all scheduled events with the FCSS or FCHS Band Booster provided transportation unless signed permission from a parent/guardian is presented and approved by a director. In the event transportation is not provided by FCSS, transportation will be the parent's responsibility. If a student and their parent makes arrangements for private transportation, they shall not hold FCSS employees or agents responsible for any injury or loss. Detailed trip information, including destination, date, time of departure, time of return, and purpose will be given to the parents/guardians prior to each trip.

In consideration of FCSS allowing the student to participate in band, we agree to release and hold FCSS, its directors and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student may suffer from participation in band. We the undersigned student and parent, have read this document and understand all of the expectations for student participation in band.

Student: _____ Date _____

Parent: _____ Date _____