

# Leon High School Band Activity Parental/Guardian Consent Contract

I/We hereby grant permission for (print student name) \_\_\_\_\_, to participate in all Leon High School Band activities and trips during the school year 2010-2011, including the summers before and after the fiscal school year. These trips or activities include but are not limited to: band camp, band rehearsals, all football games, marching band festival(s), concert band and symphonic band performances and trips, parades, fundraising activities, and all FBA Music Performance Assessment Festivals.

I/We understand the method of transportation will usually be by school bus or charter bus, but in some special situations, it may be necessary to travel by private vehicle. If this should occur, the driver of the private vehicle will be an adult and a licensed driver over the age of 25.

I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.

Auto Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation.

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary. **If there is any condition that may limit participation in any band activity, please describe here, in addition to the attached medical information form:**

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

I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

I/We understand that all necessary precautions will be taken by the teacher, school, and the School Board of Leon County for the welfare of my child, and I will not hold those parties responsible in case of injury to my child.

\_\_\_\_\_  
Signature of Guardian #1 Date

\_\_\_\_\_  
(optional) Signature of Guardian #2 Date

\_\_\_\_\_  
Print Name of Guardian #1

\_\_\_\_\_  
Print Name of Guardian #2

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell-Phone: \_\_\_\_\_

Cell-Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This application to participate in the Leon High School Band Program is made with the understanding that I have not violated any of the eligibility rules and regulations of the Florida High School Student Activities Association or FSMA. I understand that any misrepresentation of eligibility, as well as any future violation of these and all other rules and regulations of this organization, will result in dismissal from the organization. I understand that my membership in the Leon High School Band Program is contingent upon the completion of this form in a satisfactory manner, and understanding of the policies and rules set forth in the Band Handbook. Additionally, I agree to accept full responsibility for any and all Leon High School Band instruments and equipment, and will reimburse the band program fully for any damage or misuse due to my negligence.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medical Information Form

This form covers all trips and activities of the Leon High School Band for the summer and regular school year 2010-2011. Current personal health and medical history is attested by parents to be accurate. Information given is confidential, accessed only by the band director, or in an emergency the head chaperone or medical professionals.

*This is to be filled out by parent or guardian. Please print as neatly as possible, in ink.*

## Identification:

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_ Instrument(s): \_\_\_\_\_

Names of Parent(s) or Guardian(s) with custody of above student: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

Father Work Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_ Father E-mail: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_ Mother E-mail: \_\_\_\_\_

If parents or guardians named above are not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Phone: \_\_\_\_\_

## Check all that apply, past or present. Explain any "Yes" answers

Allergies: Food, medicines, insects, plants: Yes / No Explain: \_\_\_\_\_

High Blood Pressure Yes / No

Asthma Yes / No

Kidney disease Yes / No

Cancer/Leukemia Yes / No

Diabetes Yes / No

Knee/Foot Trouble Yes / No

Convulsions/Seizures Yes / No

Hemophilia Yes / No

Musculoskeletal Yes / No

Hearing Difficulty Yes / No

Heart Trouble Yes / No

Explain any "Yes" answers above \_\_\_\_\_

List any medications to be taken while on a trip: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in marching, playing strenuous games, swimming, running, or stretching. \_\_\_\_\_

List medications currently taken within the last month: \_\_\_\_\_

## Other Medical Limitations or Information:

(Please list any known allergic reactions (bees, ants, medications, etc.). Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the schools' attention. Feel free to call the school in advance of any activity to discuss any specific health problems, but please note it on this form also. Attach extra documents, if necessary.)

The above is correct to the best of my knowledge. Except as noted below, chaperones have my permission to give my child such "over-the-counter" medications as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, etc. when on band trips.

Exceptions: \_\_\_\_\_

Signature, parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR ACTIVITY PARTICIPATION

Section 1

A.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: Leon High School
Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

I have read and understood all sections of this form that apply to my child. I certify that \_\_\_\_\_,
Who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been
residing with me since (date) \_\_\_\_\_ at the following address \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

B. Permission for Supervised Field and Activity Trips

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of
the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might
involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.
We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and
avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private
passenger cars, and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be
provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

PART I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board - approved means of
transportation as a representative of Leon High School for the supervised field and/or activity trips.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board-approved means of
transportation as a representative of \_\_\_\_\_ School for the supervised field and/or activity trips.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

C. MEDICAL RELEASE

PART I: CONSENT

The undersigned as the parent(s) and/or legal guardian(s) of \_\_\_\_\_ do hereby authorize the agent or officials of the Leon
County School Board to obtain, through a physician of it's choice, any emergency medical care that may become reasonably necessary for the
student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone
number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company
providing coverage for above named student.

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

PART II: NON-CONSENT

As parent or guardian of \_\_\_\_\_ I do not desire to sign the medical and surgical release form above.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to
participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be
permitted to practice and participate in any co-curricular activity or field trip program.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

The following options shall be the only acceptable ones: (Please check your selected option)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your
son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.
Company \_\_\_\_\_ Policy Number \_\_\_\_\_

2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance is to be paid by the
student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front
office for details. (The Leon High School Front office can be reached at 488-1971)