

CONSENT AND RELEASE FORM

This form covers consent for all forms of transportation relating to the Grant Co. Band Department. This includes, but is not limited to private transportation, chartered transportation, out of state transportation, and both local and long distant transportation. It also grants permission to use and publish any photos taken of students participating in any related activities.

The undersigned, being a parent(s) or guardian(s) of a student at Grant Co. Schools, do hereby consent and agree that said student may take the following described trip(s) and/or participate in the following event(s):

DESCRIPTION OF EVENT/TRIP:
ALL BAND RELATED TRIPS
July 1, 2009-June 30, 2010 (2009-2010 School Year)

The undersigned fully agree(s) and understand(s) that said student is participating in said trip(s)/event(s) at his/her request and do expressly consent thereto.

The undersigned believes that the foregoing trip(s)/event(s) is in the best interests of the said student and agrees that Grant Co., its Board of Education, superintendent, principals, administrators, teachers, employees and agents shall not be liable for any personal injury, death, property damage or economic hardship that said student and/or the parent(s)/guardian(s) or family may suffer during or as a result of said trip(s)/event(s), and accordingly, the undersigned do hereby release and acquit the forgoing parties, their heirs, successors and legal representatives from any such liability or expense related thereto. Further, in the event anyone (including other family members) should make a claim of liability against any or all of said parties arising from the injury, death, property damage or economic hardship as a result of the students participation in said trip(s)/event(s), the undersigned agree to hold said parties harmless from any expense incurred or liability related to or arising there from.

Name of Student

X _____
Parent/Guardian *Date*

X _____
Parent/Guardian *Date*

_____ _____
Home phone *Business phone*

Alternate Emergency Contact: _____ _____
Name *Phone*

Medical History and Consent to Treat Form

Student's Name _____ Phone (____) _____

Address _____ Birth Date _____

Father's Name _____ Phone (____) _____

Mother's Name _____ Phone (____) _____

Student's cell number (____) _____

In the event that a parent cannot be notified in a timely fashion, please contact:

Name _____ Relationship _____

Address _____ Phone (____) _____

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Medication taken on a daily basis _____

Known Drug Allergies _____

Is your child allergic to bee or wasp stings? _____

If YES, a STING KIT will need to be sent to camp with your child!!!

Other Allergies _____

Last Tetanus Shot _____

Medical Insurance Company _____ # _____

Please note information or treatment of medical or food problems that would help us take care of your child:

TO WHOM IT MAY CONCERN:

I hereby authorize those persons entrusted with the care of my child, _____

_____, to follow advice of the best available medical authorities and administer any treatments, inoculations, medicines and surgical procedures deemed necessary to my child's health and safety.

Signed,

_____ Father

_____ Mother