

JACKSON SCHOOL DISTRICT
Permission for Trips



(Student's Last Name Initial)

My Child _____ has my permission to participate in: Marching Band of Jackson Memorial High School for the 2016-2017 school year including all competitions and performances with the band directors, Jason Diaz and Eric Ficarra including, but not limited to all football games, parades, community events, competitions, championships, etc. from September 1, 2017 through June 30, 2018.

This is to certify that my child, named above, has my permission to participate in the specified trip(s), and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip(s). I understand, further, that a separate consent form will be provided in the event the activities of the group will involve overnight and/or out-of-state travel.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury damages, or expenses which my child and I may have against the Jackson Township Board of Education, collectively and individually, and its agents, employees and chaperones resulting in any way from participation in the above activity and related transportation.

STUDENT TRIP MEDICAL RELEASE AND HEALTH INFORMATION

In case your child may require emergency medical services while on an off-campus trip, we ask that you complete the following information. In the event that medical attention becomes necessary, it should be understood that if this information is not completed, treatment may not be rendered.

Parent/Guardian Name _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____

If Parent/Guardian cannot be reached, in case of emergency, please call:
Name: _____ Phone#: _____
Relationship: _____
Family physician name: _____ Phone#: _____
Health Insurance Name: _____ ID # _____
Student's Date of Birth: _____

Any health factors/medical conditions, known allergies of which chaperones should be aware (please note that this does not include, nor are you required to provide, any information regarding HIV or AIDS):

Medications taken regularly. Please note rescue inhalers, Epi-pen, pain relievers (be specific):

I hereby give permission to designated band chaperones and band staff to administer Over the Counter medication as follows (check all that apply)

ANALGESICS (for pain)	ANTIHISTAMINE (allergy)	MOTION SICKNESS (nausea)
Acetaminophen <input type="checkbox"/>	Diphenhydramine <input type="checkbox"/>	Dimenhydrinate <input type="checkbox"/>
Ibuprofen <input type="checkbox"/>		Meclizine <input type="checkbox"/>
Aspirin <input type="checkbox"/>		

Signature _____

Date _____

Print Parent Name: _____