

- Return this completed form with the non-refundable deposit April 25th

Johns Creek High School Band  
5575 State Bridge Road  
Johns Creek, GA 30022

PERMISSION/RELEASE

In consideration of the Fulton County Board of Education, arranging a student trip is as follows: **Participation in the Johns Creek High School Band Program and Winter Guard including rehearsals at school, Band Camp, and all performances, trips, and competitions during the 2017-2018 school year and while being transported to and from said events**, and in consideration of the Board's approving the said activity, the undersigned Participant and the undersigned Parents or Legal Guardian of the Participant do hereby release, remise, and forever discharge, indemnify and agree to hold harmless the Board, its officers, teachers, members, agents, servants, employees, chaperones, and other representatives and /or any one or more of any thereof against any claim, demand or cause of action whether now in existence, or hereafter arising, for any injury to the person or for the death of the Participant or loss of or damage to the property of the Participant, arising out of, resulting from, caused by, occurring during, or in any way connected with the aforesaid student trip.

My child understands that all school rules apply and that the chaperones and sponsors must be obeyed at all times. The chaperones and sponsors may seek emergency medical treatment if necessary. All prescription medicines sent must be labeled with signed instructions for administration and given to a sponsor. **Please initial all instructions below that apply.**

Any changes to this permission form must be made in writing! Use back if necessary.

\_\_\_ My child may be given Tylenol, Advil, Pepto-Bismol, Imodium AD, anti-acid (cross out any that you do not approve).

\_\_\_ My child has allergies to \_\_\_\_\_.

\_\_\_ Health conditions that teacher needs to know about \_\_\_\_\_

\_\_\_ My child takes the following medications: \_\_\_\_\_

**⇒ Please send properly labeled medications with written instructions on all trips. ⇐**

\_\_\_ Check here if you have written further instructions on the back of this form.

Student's name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of insured \_\_\_\_\_

**⇒⇒⇒ Please attach a copy of your health insurance card to this form**



(Students must have adequate insurance coverage or purchase the "School Day Insurance")

Signature of Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Work Phones (Father) \_\_\_\_\_ (mother) \_\_\_\_\_

Other (cell phones, etc.) \_\_\_\_\_

Emergency contact other than parents \_\_\_\_\_ phone # \_\_\_\_\_

Email address \_\_\_\_\_