

**Please Note: You must bring completed form to registration.**

## Permission to Travel & Medical Release Form 2009 Season - Central High School Marching Band & Color Guard

Name of Student: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

I give my child permission to travel with the Central High School Band on all school sponsored band trips and activities during the 2009-2010 school years.

In the event that reasonable attempts to contact me at (\_\_\_\_\_) \_\_\_\_\_ or another parent/guardian at (\_\_\_\_\_) \_\_\_\_\_ have been unsuccessful. I authorize Mr. Joe De Groate and/or supervising school staff or parent sponsors to seek medical treatment for my child. I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentists and the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two licensed physicians or dentists, concurring it necessity for such surgery is obtained prior to the performance of such surgery. I will list any medical conditions, allergies, prescribed medications, or other pertinent information that would aid in the treatment of my child on the lines provided.

(Parent / Guardian Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release Section

Check this box if you ***DO NOT*** want your child's photo to be released, used in band publications, or put on the band web site. (Note: All Band videos and group photos are the property of the band and can be used at their discretion)

I am aware that the CHS Marching Band might use my child's photo for their publications and I give permission for them to do so.

(Parent / Guardian Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Submit completed form to band director.