

**PERMISSION FOR EMERGENCY MEDICAL CARE AND TRAVEL
2018-2019 WEST ROWAN HIGH SCHOOL MUSIC DEPARTMENT**

Student's Name: _____ Grade: _____ Instrument: _____

Dates Effective: **July 1, 2018 – June 30, 2019**

I understand that first aid will be available at all events and activities of the West Rowan Music Department. I further understand that should a serious injury or illness occur, medical and/or hospital care will be obtained. This form implies permission to obtain medical and/or hospital care. I realize that a member of the West Rowan High School staff or West Rowan High School Music Department staff will notify me in the case of a serious injury or illness; however, should they be unable to contact me, they have my permission to pursue a course of action which is in the best interest of the ill and/or injured participant.

I hereby authorize and permit any member of the West Rowan High School staff and/or the West Rowan High School Music Department staff to secure any medical treatment that the participant named above may require or which may be reasonably necessary for said participant while involved in any West Rowan High School Music Department activities. A doctor, clinic or hospital may proceed with any medical or surgical treatment that the West Rowan High School staff or West Rowan High School Music Department staff may authorize for the protection of life or limb.

I understand that I will be responsible for all medical, surgical and transportation costs that are incurred.

I hereby agree to hold harmless and blameless West Rowan High School and the Rowan-Salisbury School System and its employees from any and all liability from damages, loss or injuries, either to person or property, which my child may sustain while engaged in any activity conducted by or in connection with the West Rowan High School Music Department including, but not limited to, transportation.

I further agree to reimburse or make good any loss or damage or costs that the West Rowan High School Music Department may have to pay on account of any claim made by my child, or anyone in my child's behalf, resulting directly or indirectly from his or her participation in the Music Department's activities. I further agree in case of injury or illness or other actions requiring parental permission, the West Rowan High School Band Director or Choral Director shall have the authority to act for me, in case I cannot be reached. I further understand that in case of injury, serious illness, or in extreme cases of disciplinary action, the Band Director or Choral Director will, if need be, send my son/daughter home by the first available transportation, at my own expense.

Parent / Guardian Name(s): _____

Address(es): _____

Home Phone(s): _____

Work Phone(s): _____

Cell Phone(s): _____

Email Address(es): _____

If unable to contact either party above, I grant permission to contact:

Name: _____

Relationship: _____ Home/Cell Phone(s): _____

Insurance Company: _____ Policy #: _____

Please attach a photocopy of the front and back of the insurance card

Student's Date of Birth: _____ Allergies: _____

Physician: _____ Physician's Phone: _____

Known Medical Conditions: _____

If any medical conditions exist (asthma, etc.) an "Emergency Medical Plan" is required Rowan-Salisbury Schools

Emergency Medical Plan completed and on file with RSS: _____ Yes _____ No _____ N/A

Current Medications: _____

If any medications are taken regularly (ritalin, minocycline, ortho tri-cycline, etc.) a "Medication Permission Form" is required by Rowan-Salisbury Schools

Medication Permission Form completed and on file with RSS: _____ Yes _____ No _____ N/A

***** **MUST BE NOTARIZED TO BE VALID** *****

Parent / Guardian Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public: _____

My commission expires: _____