

# Albert Gallatin School District

## Parent Permission/Waiver Form for Student Participation In Co-Curricular Events

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Enrolled: \_\_\_\_\_  
(Full Name of Student)

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
(Street City State Zip)

Medical Insurance Company: \_\_\_\_\_ Policy Number/Group Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Being Taken or Prescribed/Possible Side Affects: \_\_\_\_\_

Other Special Medical Conditions or Allergies to Medication: \_\_\_\_\_

<b>Alternative Individuals &amp; Emergency Phone Numbers</b>
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1.) \_\_\_\_\_ Phone Number \_\_\_\_\_

2.) \_\_\_\_\_ Phone Number \_\_\_\_\_

I/We, give my/our permission for the above named student to participate in the **2016-2017 MARCHING BAND** field trip/activity to **PARADES, FESTIVALS & GAMES**. By signing this consent, the student also indicates that he/she understands this permission/waiver agreement.

I/We, give my/our consent for my/our child to receive medical treatment in the event of injury or illness while participating in the above activity. As indicated above, we/I further grant to the alternative individual designated above the same rights, powers and authority to make decisions concerning medical care for the child as I/we would be able to do.

I/We, certify, that I/we **(have) (do not have)** hospital, health or medical insurance as indicated above. I/We further agree to permit said insurance to be used in case of injury or illness.

I/We, the undersigned, intending to be legally bound, do hereby release, discharge and waive any claim or cause of action we may have against Albert Gallatin School District for any liability or any injury to the child named above, resulting from any cause whatsoever in connection with this trip/activity, including transportation to and from the place of said activity.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Note: If you are a single parent or for any reason difficult to reach, please include above, in addition to your own home, work, mobile phone or pager number, the number for another person who you would designate as responsible to act on your behalf in the event you can not be reached.