

Marshfield Public Schools

Music Department

AUTHORIZATION FOR SCHOOL REPRESENTATIVE TO ACT ON BEHALF OF ABSENT PARENT/GUARDIAN

Music Department trip to California- April 12-17, 2007

Name of student _____ Date of Birth _____

Address _____ Zip _____

Name of Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone (Parent) _____ Pager _____

✍ Cell Phone (Student) _____

Emergency Contacts if parent cannot be reached:

1. _____ Phone _____

2. _____ Phone _____

Student's Physician _____ Phone _____

Medical Insurance Co. _____ Phone _____

Policy # _____ Member # _____

Medical History: _____

Food and/or Drug Allergies: _____

✍ Date of last tetanus shot: _____

My son/daughter is currently receiving the following medications (list all):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

OVER

I give my permission for my child to be given the following medications, if needed (Circle)

Tylenol (600mg)

Advil (200-400 mg)

Tums

Other (Specify)

I give my permission for my son/daughter to self-administer medication if the nurse on duty determines it is safe and appropriate to do so. Yes_____ No_____

I give permission for the nurse on duty to share with appropriate personnel information relative to the prescribed medication administration, (e.g. adverse side effects), as she determines necessary for my child's health and safety. Yes_____ No_____

I give permission for a responsible adult, other than the nurse, to administer medication to my child during this trip. Yes_____ No_____

? ALL PRESCRIPTION DRUGS MUST BE IN THEIR ORIGINAL CONTAINER AND WILL BE HELD IN THE CARE OF THE DESIGNATED NURSE WITH CURRENT MEDICATION ORDERS.

CONSENT FORM

? To the best of my knowledge, there is nothing in my child's medical history that would interfere with his/her full participation in the activities associated with this trip. I hereby grant permission for his/her participation in all scheduled activities.

? I accept full financial responsibility for any damage to property caused by my child, and agree to pay all transportation costs should my child need to return home early due to inappropriate behavior. It is understood that the final decision in sending a student home early rests with the Director of Music.

? I understand that this trip is considered a school activity, and therefore all school rules will be in effect.

? In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize the Director of Music and/or other chaperones on tour to obtain medical treatment which, in such physician's reasonable judgment, may be deemed reasonably necessary for my child's health and safety.

? RELEASE: The undersigned hereby releases the Marshfield Public School District, Marshfield High School, Marshfield Music Teachers and all chaperones on tour, Suburban Tours and its officers, directors, shareholders, employees, independent contractors, and agents from and against any and all liability arising out of participating in this tour, including but not limited to all claims for 1) personal injury; 2) loss of, or damage to, any property; 3) damage, expense or inconveniences caused by delays in transportation, arrivals, or departures, changes in schedule, the act, failure to act or negligence of any service supplier, hotel or restaurant, illness, weather, strikes, governmental actions or acts of God.

Parent/Guardian Name (Print)

Parent Guardian Signature

Name (print) of Student Participant

Signature of Student Participant

Date: _____