**As a natural parent(s) or statutory guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student name), I give my permission for the above student to participate in scheduled educational orchestra field trips for the 2019-2020 school year. I understand that I will be given information for each individual trip in advance.**

**I give permission for my child to travel by school bus transportation or other school transportation, which will be furnished by the Daviess County Board of Education unless otherwise stated.**

**I understand that while my child travels from the school, while my child is on the field trip, while my child is being returned to school following the field trip, and until my child is picked up by myself or other designated person, my child is under the authority of the principals and teachers.**

**Knowing that the teacher in charge has been trained, I understand the policies and procedures for designated medication administration in case of emergency, and hereby release and hold the staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment.**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL RELEASE FORM**

**In the event of an emergency during this event, I give permission for (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be treated at a hospital/clinic/doctor’s office.**

**My child’s physician is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance information:**

**Insurance Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(A copy of your insurance card is optional, but is helpful)**

**Other medical information of importance:**

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

 **Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If a student needs to take medicine on the trip, list it here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make sure the teacher is given the medicine in an officially labeled container for safekeeping unless other arrangements have been made in advance.**

**Primary Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to your orchestra director the first full week of school. Thank you!**