



Forest Park High School Bruin Band Boosters

FOREST PARK HIGH SCHOOL BRUIN BAND 2010-2011 PERMISSION SLIP

I hereby give permission for my son/daughter: _____ to attend and participate in all activities associated with the FPHS Bruin Band program. In the event of an emergency I can be contacted at the following telephone numbers: (day) _____; (evening) _____.

EMERGENCY INFORMATION

Per PWCS regulation all prescription and non-prescription medications to be administered on an overnight field trip require a health care provider's order. *All medication and associated paperwork must be turned in to the school nurse 3 days prior to departure.* Note: if your student has a health treatment plan on file in the clinic for an epi-pen, asthma medication or diabetic care, you do not need to obtain additional paperwork from your student's health care provider.

Medical Insurance Policy Number: _____

Doctor's Name & Phone: _____

The adult leaders of this activity have my permission to provide minor first aid and to obtain medical treatment for my child at the nearest hospital or medical facility, at my expense. A PWCS trained employee is authorized to administer prescription and non-prescription medications as indicated below and in accordance with the manufacturer and/or doctor's stated dosages:

Prescription medications: _____

Non-prescription medications: _____

Please list all allergies/medical conditions: _____

BEHAVIOR & LIABILITY

We understand and acknowledge that the PWCS Code of Behavior shall be adhered to at all times during this trip and that a student's failure to comply with the Code of Behavior may result in their being returned home at family expense and/or other disciplinary measures as appropriate. Further, we agree to be liable for any and all damages or additional charges that may be incurred as a result of our child's behavior.

Student's signature _____ / Parent/guardians's name & signature _____ / Date _____