

# MARCHING BAND FLORIDA TOUR 2014

**This form indicates your good intention to go on the Marching Band Tour to Florida, and it is due to your band director no later than Tuesday, April 9, 2013.**

I give my permission for \_\_\_\_\_ to attend

Marching Band Florida Tour (student) at Orlando, Florida  
 (event) (place)

DEPARTURE:      Date: April 3, 2014      Time: TBD

RETURN            Date: April 9, 2014      Time TBD

Teacher Signature \_\_\_\_\_

- \*Bus transportation will be provided. **Charter Bus and airplane.**
- \*Supervision will be provided by one or more high school staff members. In addition, a student designated driver(s) and vehicle (s) may provide the pupil transportation for this activity.
  - \*High school teachers will drive (as caravan leader) but occasionally selected/approved students may also be requested as additional drivers. Those students' names will be given to the office prior to departure.
  - \*All drivers listed have been checked for a valid driver's license and insurance.
  - \*If you do not wish to have your child transported in a vehicle driven by a student, they will be sent to the library and given an alternative assignment.
  - \*Upon request to GLHS, the District shall make reasonable accommodations for a disabled person to be able to participate in this activity.

Driver Name	License Number of Car	Vehicle Description
N/A		

\*The staff member sponsoring this field trip will check the student drivers for a valid license and insurance.

### FOR STAFF USE ONLY

Driver Name	License Number of Car	Insurance Co. & Policy No.
N/A		



**FOR THE PROTECTION OF OUR STUDENTS, PLEASE FILL OUT THE FOLLOWING:**

**Health History:**

The following health history, including limitations, is needed by Grand Ledge High School as a safety precaution.

Please check any categories that apply:

Asthma \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Heart Trouble \_\_\_\_\_  
Vision Difficulty \_\_\_\_\_ Hearing Difficulty \_\_\_\_\_  
Allergy to Medications \_\_\_\_\_ Please list \_\_\_\_\_  
Other \_\_\_\_\_

Does student require regular medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

Any restrictions to activity for medical reasons? \_\_\_\_\_

If so what? \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Employer \_\_\_\_\_

**I HEREBY AUTHORIZE THE SCHOOL TO SECURE EMERGENCY MEDICAL TREATMENT: Yes \_\_\_\_\_ No \_\_\_\_\_**

**(Signature below authorizes approval to attend event/field trip and above medical information.)**

Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street No. and Name)

\_\_\_\_\_  
(City) (State) (Zip)

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_