

***Gunter High School Band – State Marching Contest 2011
Permission and Medical Release Form***

I/We the parent(s) or legal guardian(s) of _____ (born: ____/____/____), have discussed with my/our child his/her participation in the Gunter Band trip to UIL State Marching Contest and related activities and hereby give permission for him/her to participate. He/She has assured us of conduct that will reflect positively on our family, the band, the school, and our community. I/We understand that normal and reasonable precautions will be taken in the interest of every student's safety. We understand that liability for loss of personal property lies solely with our child. We understand that all school rules apply, that all band rules apply, and that special rules for this trip apply. We understand that breaking the rules will not be tolerated and that consequences may include, but are not limited to, change of bus or seat assignment, change of room, assignment to a designated chaperon for a day or more, sent home by bus or air at parent's expense. We understand that in every situation resulting from this trip, the director's decisions are final. My/Our signatures signify our endorsement and approval of this trip for our child and our agreement to support all rules and decisions. We hereby release the Gunter Independent School District, its employees, sponsors, and chaperons from any liability which might result from this trip, including, but not limited to, accident or injury. Our child is being permitted and encouraged to participate with our full knowledge and consent.

I/We, the undersigned, do hereby authorize Justin Wallis or his designee as our agent for the purpose of consenting to any x-ray examination, anesthetic, medical or surgical diagnosis, procedure, operation, treatment, medication, and/or hospital care under the supervision of any physician or surgeon licensed under the Medical Practices Act, whether such care takes place in a hospital or other facility. It is understood that this consent is given in advance of any medical need, but is given to provide authority and power to the custodians of my child named below, and to encourage them to act quickly and freely, should any medical need arise. This authorization shall be in effect from Monday, November 7th, 2011 until Tuesday, November 8th, 2011, or until the students return to Gunter High School, whichever is later, unless sooner revoked in writing and delivered to said custodians or said medical practitioners.

print names of parents or legal guardians: _____

primary contact: _____ relationship to minor: _____

home phone: _____ cell phone: _____ work phone: _____

street address: _____

city, state, zip: _____

secondary contact: _____ relationship to minor: _____

home phone: _____ cell phone: _____ work phone: _____

known allergies or medications currently taken: _____

insurance (include as much information as you would like, including phone, member, and policy numbers)

Parent or guardian agrees by signing below to be responsible for any and all medical bills which may be incurred in connection with this permission form.

family physician: _____ phone: _____

Please circle one: My child DOES or DOES NOT have permission to swim in the hotel pool (no lifeguard on duty)
Please sign below. By signing, you are also saying that your student will abide by the guidelines laid above.

____ I am including \$30 non-refundable payment (cash or check) for my child's tickets to State and hotel portion.

parent or guardian signature: _____ date: _____