

**JACKSON SCHOOL DISTRICT**  
*Permission for Trips*

My Child \_\_\_\_\_ has my permission to participate in: Marching Band of Jackson Memorial High School for the 2010-2011 school year including all competitions and performances with the band directors, Harold Bud McCormick and Jessie Katona including, but not limited to all football games, parades, community events, competitions, championships, etc. from September 1, 2010 through June 30, 2011.

This is to certify that my child, named above, has my permission to participate in the specified trip(s), and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip(s). I understand, further, that a separate consent form will be provided in the event the activities of the group will involve overnight and/or out-of-state travel.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury damages, or expenses which my child and I may have against the Jackson Township Board of Education, collectively and individually, and its agents, employees and chaperones resulting in any way from participation in the above activity and related transportation.

**STUDENT TRIP MEDICAL RELEASE AND HEALTH INFORMATION**

In case your child may require emergency medical services while on an off-campus trip, we ask that you complete the following information. In the event that medical attention becomes necessary, it should be understood that if this information is not completed, treatment may not be rendered.

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

If Parent/Guardian cannot be reached, in case of emergency, please call:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Family physician name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ ID # \_\_\_\_\_

Any health factors/medical conditions of which chaperones should be aware (please note that this does not include, nor are you required to provide, any information regarding HIV or AIDS):  
\_\_\_\_\_  
\_\_\_\_\_

Medications being taken on trip:  
\_\_\_\_\_  
\_\_\_\_\_