

RIVERSIDE MIDDLE SCHOOL BANDS

FIELD TRIP VERIFICATION - MEDICAL INFORMATION - POLICY VERIFICATION

This information sheet is to be completed and returned to your Ms. Murphy as soon as possible so that your son/daughter may participate in band activities away from home.

STUDENT T-SHIRT SIZE (check one): ___ YOUTH S ___ YOUTH M ___ YOUTH L ___ YOUTH XL
___ ADULT S ___ ADULT M ___ ADULT L ___ ADULT XL

PLEASE PRINT:

STUDENT NAME: _____ PARENT NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

Alternate Name, Address, and Telephone Number in case parents cannot be contacted in case of emergency:

ALTERNATE NAME: _____ RELATION: _____

ALTERNATE'S MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

Please give insurance carrier or other accident information, which may be needed in the event of an accident. Please include company name and policy identification number.

MEDICAL INSURANCE COMPANY NAME: _____

IDENTIFICATION NUMBER: _____

IN THE EVENT I CANNOT BE REACHED IN CASE OF EMERGENCY, I GIVE THE MUSIC DEPARTMENT DIRECTOR AND CHAPERONES COLLECTIVELY, THE AUTHORITY TO:

_____ Authorize treatment by a hospital and/or physician for my child both for emergency or a life- threatening situation.

_____ Upon my child's request, administer aspirin/Tylenol for minor headache pain, which would be distributed by the Music Director or Chaperone.

_____ I give permission for my child to participate in any music-related activity, including trips such as Exchange Concerts, Parades, Music Festivals, etc.

Parent/Guardian Signature Date

(CONTINUED)

