

Participant's Full Name _____
(Please print legibly)

Event: 2018 SMNW Marching Cougar Pride Florida Band Trip
School: Shawnee Mission Northwest High School, 12701 W 67th St, Shawnee, KS 66216
Dates: Thursday, December 27, 2018 – Wednesday, January 2, 2019

Participant's Medical Information (Please print all information legibly)

Date of Birth _____ Male Female

Participant's address _____

Father or legal guardian's name _____

Phones: Home _____ Cell _____ Work _____

Mother or legal guardian's name _____

Phones: Home _____ Cell _____ Work _____

Emergency Contact Information

If we cannot contact a parent/guardian in the event of an emergency, whom should we contact?

Name _____ Relationship _____

Phones: Home _____ Cell _____ Work _____

Swimming

I understand that there will be swimming opportunities on the trip named above, that there are no life guards on duty, and that swimming is at the individual's own risk.

By my signature on the reverse side, I (please circle one) **GIVE** **DO NOT GIVE**

permission for my student (named above) to participate in swimming activities while on the trip (named above). I am aware that the group will spend time at the beach and that the hotel has a pool.

Medical Insurance Company

Name of insurance company _____

Policy holder's name _____ Policy holder's date of birth _____

Policy number / Group number _____

Family physician and phone number _____

Special medical conditions, including dietary requirements and preferences:

(Please also complete reverse side.)

Participant's Full Name _____
(Please print legibly)

Current medications and dosage, include over-the-counter:

Does the student need any assistance with administering medications? **YES** or **NO** (please circle)

Known allergies (food, medication, seasonal, etc.) and known reactions:

As the parent/guardian of the above-named student, I give permission for the adult volunteers from the Shawnee Mission Northwest Band and Drill Team Boosters organizations to authorize the properly licensed/certified medical personnel to treat injuries and/or illnesses as they deem necessary.

I understand it is my responsibility to provide my student /myself with all prescription or over the counter medications they/I will require. I agree that my student is/I am responsible and knowledgeable enough to carry and self-administer their/my own medications, both prescription and non-prescription.

I understand that prescription medication must be in the pharmacy-labeled bottle, and only the amount needed for the trip will be sent with the student. Non-prescription medications, such as ibuprofen, must be in the original container, and only the necessary amount may be sent with the student. The above-named individual has received the indicated medication previously and suffered no adverse reactions.

By my signature, I release the sponsor and any school employees from the responsibility to administer, supervise, or ensure that the medication is taken by the student in the manner prescribed or indicated on the label.

The Shawnee Mission School District, its employees, Shawnee Mission Band and Drill Team Boosters and its agents will be held harmless and not liable for any adverse effects to the student or any other person from the medications sent with students.

I agree that the privilege to self-carry medication may be revoked at any time, and disciplinary action taken, if the student is found to be in violation of the agreement.

Parent/Guardian's Signature _____

Parent/Guardian's Name _____ **Date** _____
(Please print)

Check here if you will be staying in Orlando during the same dates.

Your hotel name and your cell number _____