

CHANTILLY HIGH SCHOOL
BAND DEPARTMENT
4201 Stringfellow Road – Chantilly, VA 20151

****RETURN ON OR BEFORE FIRST DAY OF BAND CAMP FOR MARCHING BAND MEMBERS****

Our band students take many field trips throughout the school year. In order to minimize paper work, this permission form will suffice for emergency care for the entire year. However, additional permission may be necessary to attend other trips. A notice concerning details of each trip will be sent home prior to each field trip.

This form will authorize that in an emergency, the teachers or chaperones in charge have my permission to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child. I will not hold the director, school or the Fairfax County School Board liable for any bodily injury that might accidentally occur while on these trips. I agree that my child will comply with all reasonable requests by the chaperone or director.

This form must be returned and signed by a parent before the student can fully participate in any and all band activities, including marching band. It is understandable that in cases other than the need for immediate emergency treatment, the attending physician may defer treatment pending the parent's express permission to administer professional service.

Fairfax County Public Schools
Chantilly High School Band Department
PERMISSION FOR EMERGENCY CARE

Name of pupil _____ Date of birth _____

Name of parent/guardian _____ Address _____
(street address)

_____ (city) _____ (state) _____ (zip code)

Home telephone _____ Business phone (F) _____ (M) _____

Emergency contact: Name _____ Telephone _____

Did student purchase school insurance ___Yes___ ___No___ Regular___ 24-hour___ Athletic___

Parent or Guardian Insurance Company & Policy No. _____

The school has my permission to call my family physician or another physician in an emergency when family physician or I cannot be contacted.

Name of Family Physician _____ Telephone No. _____

Physician suggested _____ Telephone No. _____

Allergic to Medication (specify type) _____

Is the pupil under physician's care for health needs on a continuing basis? Yes___ No___

Is the pupil under medication or treatment on a continuing basis? Yes___ No___

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Date _____ Signature of Parent _____