

PLEASE RETURN TO Band Drop Box BY WEDNESDAY, APRIL 12th
Pine-Richland School District
Gibsonia, Pennsylvania
Student Agreement/Parent Permission
Pine-Richland High School Music Dept. Trip

By signing below, I hereby give permission for my son/daughter _____ to participate in a trip to Orlando, Florida departing on April 26 and returning on April 30, 2017. The purpose of this trip is to participate in the Universal Studios Stars Parade and to visit other sites around the area. Permission is granted, subject to the general rules of conduct specified in the Trip Handbook and the following conditions:

1. In the event of a medical emergency or accident, I give permission for a responsible adult to sign on my behalf any necessary medical releases for the treatment of my son / daughter and understand that the person signing said release is in no way responsible for such treatment.
2. In the event that a violation of the rules of conduct require that my son / daughter is to be sent home, I accept full responsibility for the cost of their transportation and other arrangements necessary for their safe return home. In no way shall the chaperones be held responsible for anything other than their safe conveyance to a point of departure. All expenses connected with the return trip are my sole responsibility.

I have reviewed the Band Trip Rules of Conduct with my child and permit him/her to attend this trip.

_____ Date _____
(Signature of Parent or Guardian)

STUDENT CELL PHONE NUMBER: _____

Dietary Needs

Name _____

Group (circle) Band Orchestra

Please list all food allergies, special dietary needs and concerns. Even though this may copy some info that you placed on the medical form, it is needed in this format. Please be specific. Our travel agent and food vendors will do their best to accommodate your needs. Check out the websites for the various restaurants and eateries we will be visiting on our trip (included in the trip packet).

- 1.
- 2.
- 3.
- 4.

Return to the PR Band dropbox by Wed., April 12, 2017

**Pine-Richland High School Music Dept. Trip
April, 2017**

**PR Member Pledge
Not to possess or use drugs or alcohol**

I agree that the use of drugs, and / or alcohol on this trip would pose a danger to my health and safety as well as the health and safety of those around me. Therefore, I renounce the use and / or possession of such substances. I declare that I have not used such substances immediately prior to this trip, nor will I use or have them in my possession at any time during this trip. Further, I agree to a search of my person, room and belongings for my own well-being as well as to safeguard the reputation of my music group, myself and the school district if such use or possession of drugs or alcohol is witnessed or alleged.

Print Name: _____

Student Signature _____ Date _____

Parent Pledge

I agree that I will accept the costs involved for my son / daughter to return home if the above pledge is broken.

Parent/Guardian Signature _____ Date _____

Pine Richland High School Marching Band / ORCHESTRA
2017 Medical Waiver

Last name, First Name	Birthdate	Age	Sex
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Street Address	City	Zip Code	Grade
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Emergency Contact

Name of Primary Contact	Phone Number
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Name of Secondary Contact	Phone Number
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Consent to Treat

I/We the parent(s)/guardian(s) of _____
hereby authorize treatment of my/our child in the event of accident or illness that may arise or any hospitalization necessary. We authorize the staff/medical chaperones to act in the best interest of my/our child.

Signature(s) of Parent(s)/Guardian(s)	Date
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Medical Matters


My/our child is taking medication at the present time. He/she will bring such medication as necessary and it will be appropriately labeled, including the name of the medication, dosage and frequency of use. My/our student will be responsible for the administration of his/her own medication unless noted and discussed.

Tetanus status: (date of last shot)

I/we hereby grant permission for non-prescription over the counter medication to be given to my/our child if deemed advisable.

Signature(s)	Date
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Any known allergies to food/medications, or other health concerns the staff/chaperones should beware of?

Please attach a copy of your health insurance card 



Consent for Medical Treatment

For Students and Performers Under the Age Of 18

ALL

To: Universal Orlando

I [we] the parent[s]/legal guardian[s] of _____, a minor who is visiting Universal Orlando understand that while he/she is at Universal Orlando, circumstances may arise which may merit medical assistance.

I [We] hereby grant Universal Orlando Partners and its assigns my consent and permission to render medical assistance to my child as Universal in its discretion, deems appropriate, while he/she is at Universal Orlando. Such medical assistance provided on Universal's premises is limited to that which could lawfully be rendered by a registered nurse or licensed paramedic. If, in Universal's judgment, any condition requires the attention of a physician or immediate hospitalization, I [We] authorize Universal to refer my/our child to the care of a physician for treatment including and necessary hospitalization. I [We] waive, release, and hold harmless, Universal on the date(s) that my child participates in the Event and I [we] further waive, release and hold harmless Universal from any loss or damages suffered by my child to my child's person or property as a result of receiving medical attention provided to my child by Universal.

The following information is needed by any hospital or practitioner not having access to my [our] child's/ward's medical history: {Please list in the space provided and attach additional pages if necessary.}

Allergies: _____

Medication presently being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent factors to which a physician should be alerted: _____

I [We] understand that Universal Orlando will make all reasonable attempts to contact me [us] at the below listed telephone number[s] if a physician consultation or hospitalization is necessary.

Name (Print): _____ Phone number[s]: _____

Signature: _____ Date: _____

Name (Print): _____ Phone number[s]: _____

Signature: _____ Date: _____

What is this?

- This form must be submitted to health services at the park of your choice on the day of your arrival.
- This form must be completed by each minor in the group, and signed by a legal guardian.
- This form may be modified to meet the school's own medical criteria however; it must contain the same information.