

CONSENT TO PARTICPATE IN BAND ACTIVITIES OF PELHAM CITY SCHOOLS

Printed Name Band Participant: _____ **DOB:** _____
(Last, First M.I.)
School _____ **Grade:** _____ **Sex:** _____

I. Consent to Participate

The undersigned parent(s)/guardian (“I/we”) of the above student (the “band participant”) give permission for him or her to participate in all concerts, practices, camps, events during or outside the academic year and other activities that relate to the band program of the Pelham City Schools and are sanctioned by those Schools (hereinafter “band activities”).

I/we understand that band activities are extra-curricular, and that the student’s participation in them requires him or her to comply with all applicable rules, regulations and guidelines for participation in the band program that are set by the Pelham City Schools. I/we also acknowledge that there is a potential for injury in any physical activity, including band activities.

II. Consent for Emergency Care

I/we give permission for the band director and other member of the staff of the Pelham City Schools responsible for the band program (the “band staff”) to apply first aid and other medical treatment for any injury sustained by the band participant in connection with band activities or medical condition arising while he or she is under the supervision of that staff. If such injury occurs or condition arises and the undersigned parent/guardian cannot be reached, I/we also give consent for the band staff to use its judgment to secure medical aid, ambulance service, and if necessary, admit the student to a hospital, as a result of those injuries or conditions. I further authorize any hospital that treats the band participant to release him or her to the custody to a member of the band staff (or other Pelham City School official) following treatment.

If an emergency occurs while the student is participating in band activities and the undersigned parent/guardian cannot be reached, please contact the following person(s):

Name: _____ **Relationship:** _____ **Phone #:** _____
Name: _____ **Relationship:** _____ **Phone #:** _____

III. Expense of Treatment/Health Insurance*

I/we understand and agree that the parent/guardian of the band participant (or any insurer of that participant), not the Pelham City Schools, is responsible for paying all medical expenses incurred in connection with treatment for injury or condition that arises from band activities. The band participant is covered by health insurance or receives medical benefits from the following entity:

Name of Insurance Co/Plan: _____
Name of Insured on Policy/Plan: _____
Group #: _____ **Policy #:** _____
Phone # for Insurer/Plan: _____

***NOTE: PLEASE ATTACH A COPY OF THE HEALTH INSURANCE CARD APPLICABLE TO BAND PARTICIPANT.**

IV. Medical Information for Band Participant

Family Physician: _____ **Phone #:** _____ **Hospital Preference:** _____
Known Allergies (food, drug, insects, etc.): _____

Current Medications (inhaler, insulin, etc.): _____

Medical History (asthma, head injuries, surgeries, vision problems, blood pressure, etc):

V. Transportation to Off-Campus Band Activities

I/we understand that the Pelham City Schools does not furnish transportation for all off-campus band activities. The band staff member for the event, program or activity in which the band participant participates (or other school official) will communicate if off-campus transportation will be provided for various activities. If the school system does not provide such transportation, the undersigned parent(s)/guardian will be responsible for transporting or arranging for the transportation of the named band participant to off-campus band activities. However, band participants may not transport other band participants or students to or from off-campus band activities.

VI. Agreement & Signature(s) of Parent/Guardian

By executing below, I/we acknowledge that I/we have read, understand, and agree to the matters herein. The authorizations and understandings herein apply for all band activities during the twelve month period between June 1 – May 31 of the date on which I/we sign below.

Signature Parent/ Guardian: _____ **Date:** 6/1/2022
Printed Name Parent/Guard: _____
Relationship to Band Particip: _____
Cell # : _____ **Work # :** _____ **Email:** _____

Signature Parent/ Guardian: _____ **Date:** 6/1/2022
Printed Name Parent/Guar: _____
Relationship to Band Particip: _____
Cell # : _____ **Work # :** _____ **Email:** _____

VII. Acknowledgment by Band Participant

The undersigned band participant acknowledges that he/she has read, understands and agrees to the matters stated herein.

Signature Band Participant: _____ **Date:** 6/1/2022