



J.P. TARAVELLA HIGH SCHOOL



SCHOOL ACTIVITY AUTHORIZATION FORM, 2020-2021

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School Activity

Activity: JPT Mini Band Camp.

Location: JP Taravella High School

Dates: June 16, 23, 30

Sponsored by: Band

EMERGENCY CONTACT

Student Name _____ Student # _____ Grade _____

In case of emergency, I can be reached at phone number: _____

In the event I cannot be reached, please contact: _____

Phone# _____

HEALTH/ACCIDENT INSURANCE

My child is covered by 24-hour student accident insurance or family insurance:

Insurance Company: _____ Policy#: _____

OR

I have attached a photocopy of my family insurance identification card. Yes _____ No _____

Known Medical Conditions: _____

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care for my child.

Parent/Guardian (Signature) _____

SCHOOL ACTIVITY GENERAL RULES

This is a School Sponsored activity; therefore, the School Board of Broward County's Student Conduct and Discipline Code will be in effect. Any infraction of these rules may result in school discipline which can include suspension and/or expulsion.

- A. Absolutely NO alcoholic Beverages, Drugs, or Mood-Altering Substances.
- B. Absolutely NO weapons, Explosive Devices, Fireworks, or Other Potentially Dangerous Substances.
- C. No Fighting.

Items A through C are explained fully in the Student Conduct and Discipline Code Book.

Adherence to all School Board policies is expected.

Chaperones are there for your protection and to help you. They are to be treated with respect. Any abusive actions or words directed at them will be dealt with through the school administration.

Students may be removed from participating based on violations to the Student Code of Conduct. If the student is removed due to this provision then the student is NOT entitled to a refund.

In the case that this activity is canceled by the school (Club, Administration, District), then you may be entitled to a partial or full refund depending on the situation.

STUDENT AND PARENT ACKNOWLEDGEMENT

I have read and discussed the student code of conduct with my son/daughter, and we understand the punishment.

Parent/Guardian (Signature): _____

Signature of Student: _____

PERMISSION FOR MEDICAL TREATMENT

I, _____ being the parent/legal guardian of
_____ herby authorize any necessary medical
treatment to include the administering of any medication, as prescribed by the doctor, for this student
while doing this activity. Regarding the above mentioned student, I submit the following information:

Allergies to food, medications, etc. (if none, so state) _____

Special Medical Concerns (If none, so state) _____

Is student on any continuing medication? If so, state and describe recommended dosage:

Date of last tetanus shot: _____ **Family Physician:** _____

Address: _____ **Phone Number:** _____

Parent/Guardian (Signature): _____