



# J.P. TARAVELLA HIGH SCHOOL



## SCHOOL ACTIVITY AUTHORIZATION FORM, 2020-2021

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### School Activity

**Activity:** Band Camp.      **Location:** JP Taravella High School

**Dates:** August 2-13      **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  
\_\_\_\_\_ hereby 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):** \_\_\_\_\_