

LINGANORE HIGH SCHOOL BAND

**5850 Eaglehead Drive
Ijamsville, MD 21754**

Dear Parent,

The band will be taking educational and performance field trips during the school year. Permission must be granted by parents for the student to be able to accompany the group. Please completely fill out and sign this MANDATORY form below and return them to Mr. Lloyd by the first day of Band Camp.

Field Trip Permission

My son/daughter, _____, has my permission to go on all field trips scheduled for the band during the 2010/2011 school year.

Signed: _____ Date: _____
(parent or guardian)

Medical Information and Clearance (All health information will be confidential)

Please list any health considerations about which Mr. Lloyd needs to be aware. Be sure to list all allergies, asthma, diabetes, or life threatening conditions. (if necessary, use back of paper)

Permission is granted to the LHS Band Boosters to give Tylenol, Benadryl and Ibuprofen to my son/daughter if needed. (circle all that apply). _____

(Initials)

Date of last Tetanus shot: _____

Emergency Contact Information

Name of Parent or Guardian _____

Home Phone () _____ Work Phone () _____

Cellular Phone () _____ Pager () _____

Persons to contact if you are unable to reach me:

Contact # 1 Name _____ Relationship _____

Phone _____

Contact # 2 Name _____ Relationship _____

Phone _____

Medical Clearance

In the event of accidental injury or illness, I hereby authorize care or appropriate treatment for my child by a licensed physician. If not insured, so state:

Signed _____ Date _____
(parent or guardian)

Insurance Company _____ Policy # _____