

CHS MUSTANG MARCHING BAND
Band Parent Committee of the Clifton High School PTSA
 Clifton High School ~ 333 Colfax Avenue
 Clifton, New Jersey 07013-1796
Trip to Québec, CANADA ~ February 10 to 15, 2010

STUDENT INFORMATION

Student and parent/guardian information provided in this document is confidential and will be accessed by the Trip Committee, Band Staff, and chaperones as required for the safety and well being of students participating in the trip.



Please print all responses.

Student _____ Male ____ Female ____
First name Last Name

Home address _____

Home telephone number _____ Date of birth _____

Mother / Legal Guardian _____
(circle one above) Full name

Mobile telephone _____ Work telephone _____

Father / Legal Guardian _____
(circle one above) Full name

Mobile telephone _____ Work telephone _____

Other address

If either parent or guardian will be at a different address other than the home address listed above for any day(s) of the trip, indicate that address and the appropriate dates here.

Other address _____ Telephone _____

Applicable dates _____

Emergency contacts (other than parent or guardian)

Name	Relationship to student	City and state	Telephone

This entire packet (5 pages) must be returned to Thomas Meyer, Trip Committee Chair, on or before the January 2010 Band Parent meeting. A Notary Public will be available at that January meeting.

CHS MUSTANG MARCHING BAND
Band Parent Committee of the Clifton High School PTSA
 Clifton High School ~ 333 Colfax Avenue
 Clifton, New Jersey 07013-1796
Trip to Québec, CANADA ~ February 10 to 15, 2010

MEDICAL HEALTH STATEMENT

Student _____

First name

Last Name

1. Date of last Tetanus booster _____

2. Does your child suffer from any chronic illness? **No** ___ **Yes** ___

(e.g., asthma, diabetes, seizure disorder, etc.)

If YES, please be specific.

3. Does your child have any allergies or exhibit allergic reactions to any food, medicine or other substances and/or conditions? **No** ___ **Yes** ___

If YES, please list what your child is allergic to and describe the reaction that your child has upon exposure to that substance or condition.

4. Will your child need to take any prescription or non-prescription medication during the trip? **No** ___ **Yes** ___
If YES, please complete the chart below. Use a separate page if necessary.

Medicine	Dose	Times normally taken	Reason for medicine

Parents are reminded that ALL medications must be listed on this form. ONLY those medications listed above will be administered to your child. Any over-the-counter medications such as motion sickness remedies, antacids, cough syrup, allergy relief, Tylenol or Advil, homeopathic remedies, etc. must also be listed on this form. Medications of any kind that are not listed above will be confiscated.

A physician's signature is required to allow the accompanying trip nurse to administer medication, including over the counter medications.

Print physician name _____ **Telephone** _____

Physician signature _____ **Date** _____

CHS MUSTANG MARCHING BAND
Band Parent Committee of the Clifton High School PTSA
Clifton High School ~ 333 Colfax Avenue
Clifton, New Jersey 07013-1796
Trip to Québec, CANADA ~ February 10 to 15, 2010

ADMINISTRATION OF MEDICATION

To ensure proper administration of all medicines for the duration of the trip, the following procedures must be followed.

1. All medications must be sent with the student on the day of departure. Do not pack in the suitcase.
2. All medications must be properly labeled in their **original** containers and placed in a labeled zip-lock bag.
3. All medications must be surrendered to the nurse or chaperone in charge on departure to Québec for proper storage and safekeeping. Medications will be dispensed as needed, with any unused medication returned at the conclusion of the trip.
4. If there are any last minute changes in your child's medication and/or health condition, please inform the trip nurse on the morning of the trip.

OTHER HEALTH CONCERNS

Wears eyeglasses **No** ___ **Yes** ___ Prescription OD (*right eye*) ___ OS (*left eye*) ___

Contact lenses **No** ___ **Yes** ___ Prescription OD (*right eye*) ___ OS (*left eye*) ___

Advice: If contacts are worn, a spare pair of glasses should be brought on the trip. Also, if an eye infection is likely to occur from contacts, medication should be obtained for the student prior to the trip.

Describe any personal difficulties likely to be experienced during the trip.

Include any additional information that would be important for the Band Director and Trip Committee.

HEALTH INSURANCE

Health insurance provider _____ Policy # _____



A photocopy (front and back) of the medical insurance card must accompany this information packet.

PERMISSION AND WAIVER

I hereby give permission for _____ to receive medical treatment by a
(*student name*)
qualified physician in his office or in a hospital emergency room in the event of accident or serious illness.

Signature **PARENT / LEGAL GUARDIAN**

Printed name **PARENT / LEGAL GUARDIAN**

Date

CHS MUSTANG MARCHING BAND
Band Parent Committee of the Clifton High School PTSA
Clifton High School ~ 333 Colfax Avenue
Clifton, New Jersey 07013-1796
Trip to Québec, CANADA ~ February 10 to 15, 2010

PROMISE OF INDEMNIFICATION

In consideration of permitting my child to accompany the Clifton High School Mustang Band on a trip to Québec, Canada, from February 10 to 15, 2010, I hereby agree to indemnify and save harmless the City of Clifton, the Clifton Board of Education, its teachers, agents, and employees, the Clifton High School PTSA and its committees, trip chaperones, trip registered nurses, and trip sponsors against any claim for loss or damages, compensation or otherwise on the part of said minor or to make good any loss or damage or costs that the City of Clifton, the Clifton Board of Education, its teachers, agents, and employees, the Clifton High School PTSA and its committees, trip chaperones, trip registered nurses, and trip sponsors may have to pay on his or her behalf or his or her heirs, executors, or administrators as a result of injuries sustained by my child on said trip.

Signature **MOTHER / LEGAL GUARDIAN**

Printed name **MOTHER / LEGAL GUARDIAN**

Date

Signature **FATHER / LEGAL GUARDIAN**

Printed name **FATHER / LEGAL GUARDIAN**

Date

I hereby certify that, on _____,
date

Parent / Legal Guardian and _____
Parent / Legal Guardian

personally appeared before me and acknowledged under oath to my satisfaction that they are the persons who personally executed the above instrument and signed, sealed, and delivered this instrument as their voluntary act and deed.

NOTARY PUBLIC
My commission expires:

Date

(Seal)

CHS MUSTANG MARCHING BAND
Band Parent Committee of the Clifton High School PTSA
Clifton High School ~ 333 Colfax Avenue
Clifton, New Jersey 07013-1796
Trip to Québec, CANADA ~ February 10 to 15, 2010

TRIP PERMISSION SLIP

I/we hereby give permission for _____ to participate in the
CHS Mustang Band trip to Québec, Canada, from February 10 to 15, 2010.

Signature **MOTHER / LEGAL GUARDIAN**

Printed name **MOTHER / LEGAL GUARDIAN**

Date

Signature **FATHER / LEGAL GUARDIAN**

Printed name **FATHER / LEGAL GUARDIAN**

Date

I hereby certify that, on _____ ,
date

Parent / Legal Guardian and _____
Parent / Legal Guardian

personally appeared before me and acknowledged under oath to my satisfaction that they are the persons who personally executed the above instrument and signed, sealed, and delivered this instrument as their voluntary act and deed.

NOTARY PUBLIC
My commission expires:

Date

(Seal)