Please sign and return to Ms. Anderson by Wednesday, April 22nd.

East Cobb Middle School Orchestras
380 Holt Road
Marietta, GA 30068
(770) 578-2740, ext. 391

PERMISSION FORM

Please check the following that apply to your child:

____ Yes, I have read the information concerning the String Jamboree performance date in April.

____ My child will participate in String Jamboree.

____ My child will not participate in String Jamboree.

I hereby consent for my son/daughter, ____________________________, to participate at the String Jamboree held at Lassiter High School on Monday, April 27th, 2015.

It is imperative that your child has a notarized medical form on file with me in the Music Department. I will not be able to take your child on this field trip without this notarized medical form, per Cobb County policy.

If any emergency medical procedures or treatments are required by the student during the trip, I give consent to Nivek Anderson, Orchestra Director at East Cobb Middle School, taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

Please check the following that apply to you:

____ I would like to volunteer as a chaperone for the event.

____ I will pick my child up at Lassiter High School after the performance on Monday, April 27th. I am aware that students will not be transported back to East Cobb Middle School following the performance and that I am responsible for my child’s return transportation home after the concert.

The District does not or may not carry any insurance relative to the trip, including the cost of the trip, or for injuries to the student. I represent that the student has insurance either through the student accident insurance offered by the District or through my own insurance carrier.

I agree to release, indemnify, and hold harmless the Cobb County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors (“District Indemnitees”) from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student’s participation in the field trip, including but not limited to the rendering of emergency medical procedures or treatment.

Dated this _____ of ____________ 2015.

____________________________________________________
Signature of Parent/Guardian
Medical History Permission and Release Form

Name_______________________________________________________ Age________

Address_______________________________________________________ Zip__________

In case of an emergency, notify: ___________________________ Phone________

Family Physician: ___________________________________________ Phone________

Family Insurance Co._________________________________________ Policy #________

Insurance Co. Address __________________________________________

IMMUNIZATIONS: ___Tetanus ___Polio Booster ___Measles ___Mumps

Other: _________________________________________________________

PAST MEDICAL HISTORY

Asthma ___ Sinusitis ___ Bronchitis ___ Kidney ___ Heart ___ Diabetes ___
Dizziness ___ Stomach Upset ___ Hay Fever ___ Other _________________

ALLERGIES: Food ___________________________________________ Insect bites/stings ______
Penicillin or other drug (name) ________________________________
Poison Sumac, Oak or Ivy _____________________________________
Other _______________________________________________________

Previous operations or serious illnesses ___________________________

Any current medications ________________________________________

Special Diet (name) ___________________________________________

Childhood Diseases: Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough___
Any medical needs which your child has, of which adult supervisors should be aware:

____________________________________________________________

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

DATED ______________

_________________________ ________________________________
NOTARY __________________________________________________________________

Signature of Parent/Guardian