

RIVERSIDE MIDDLE SCHOOL BANDS

FIELD TRIP VERIFICATION - MEDICAL INFORMATION - POLICY VERIFICATION

This information sheet is to be completed and returned to your Mrs. Silveira as soon as possible so that your son/daughter may participate in band activities away from home.

STUDENT T-SHIRT SIZE (circle one): YOUTH S YOUTH M YOUTH L ADULT S ADULT M ADULT L ADULT XL

PLEASE PRINT:

STUDENT NAME: PARENT NAME:

MAILING ADDRESS:

HOME PHONE: WORK PHONE:

Alternate Name, Address, and Telephone Number in case parents cannot be contacted in case of emergency:

ALTERNATE NAME: RELATION:

ALTERNATE'S MAILING ADDRESS:

HOME PHONE: WORK PHONE:

Please give insurance carrier or other accident information, which may be needed in the event of an accident. Please include company name and policy identification number.

MEDICAL INSURANCE COMPANY NAME:

IDENTIFICATION NUMBER:

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IN THE EVENT I CANNOT BE REACHED IN CASE OF EMERGENCY, I GIVE THE RIVERSIDE MIDDLE SCHOOL MUSIC DEPARTMENT DIRECTOR AND CHAPERONES COLLECTIVELY, THE AUTHORITY TO:

Authorize treatment by a hospital and/or physician for my child both for emergency or a life- threatening situation.

Upon my child's request, administer aspirin/Tylenol for minor headache pain, which would be distributed by the Music Director or Chaperone.

I give permission for my child to participate in any music-related activity, including trips such as Exchange Concerts, Parades, Music Festivals, etc.

Parent/Guardian Signature Date

(CONTINUED)

