
Student Name *(print)*

Giddings ISD - Giddings High School Buffalo Band
CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM

Parent 1 *(print)* Contact information (Phone #s/email)

Parent 2 *(print)* Contact information (Phone #s/email)

Doctor Phone Number

The following individuals may be contacted at the numbers below if a parent is not available in case of an emergency:

Other 1 *(print)* Contact information (Phone #s/email)

Other 2 *(print)* Contact information (Phone #s/email)

Primary Physician Phone Number

NOTE: Please attach insurance information if applicable (example: copy of insurance card)

The Giddings ISD Buffalo Band is proud to offer the opportunity for our students to participate in the **activities and events associated with band for the upcoming school year.**

We ask that you read and sign this form as a condition of participation in the activity. **Please fill in ALL blanks**

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY GIDDINGS ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, _____ as *(parent or guardian)* of _____, desire that my _____ *(child or ward)* participate in the **Giddings Buffalo Band activities and events of the _____ school year** and grant permission for my _____ *(child or ward)* to participate in and attend. This participation includes travel to and from activities. I realize that any event involves some possible inherent risk of injury to my child/ward. I understand that any trips may involve **exposure to the elements, early mornings and late nights, possible overnight hotel stays, transportation on a school or charter bus and other group meals and activities**, which may create risks related to the activity.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATING IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE GIDDINGS INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, ASSIGNS, DESIGNEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions on the trip, **I HEREBY AGREE TO**

INDEMNIFY AND HOLD HARMLESS THE GIDDINGS INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, ASSIGNS, DESIGNEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

Please check one or both, as appropriate, and then sign:

Consent to Medical Treatment

I hereby authorize the sponsors for this event, on behalf of Giddings Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ (*name of child or ward*).

Consent to Administration of Medications

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

- My child/ward DOES DOES NOT (check one) have a diabetes management and treatment plan (DMTP).
- My child/ward DOES DOES NOT (check one) have an individualized health plan (IHP).
- My child/ward IS IS NOT (check one) is authorized to carry prescription anaphylaxis medication, such as an Epi-Pen.

My child/ward is allergic to:

My child/ward has the following special medical conditions:

My child/ward takes the following prescription medications:

My child/ward may be given the following over the counter medications upon request:

Aspirin ____ Acetaminophen(Tylenol) ____ Ibuprofen(Advil) ____ Other _____

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this *Consent to Student Activity Participation and Medical Treatment* and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Student Signature (*required if Student is 18 or older*)

Date

NOTE: THE FOLLOWING IS ONLY APPLICABLE IN THE EVENT OF A TRIP SUCH AS REGION BAND OR THE SPRING TRIP, BUT WE WOULD PREFER TO HAVE IT ON FILE JUST IN CASE.

RULES FOR OVERNIGHT TRIPS

School trips are a privilege, and participating students are expected to behave in a manner that best represents the school, the district, and the student. A school administrator will be called immediately in cases of inappropriate behavior. Violations of these rules, the district Student Code of Conduct, or any applicable Extracurricular Code of Conduct may result in a student being sent home at his or her parents' expense, ineligibility for future school trips, suspension from extracurricular activities, and/or any other disciplinary action authorized by the Student Code of Conduct.

In order that everyone may receive maximum benefits from participation in school trips, these rules will be enforced at all times. Furthermore, all requirements of the Student Code of Conduct and any Extracurricular Code of Conduct will be enforced at all times during the trip.

1. Students traveling to an event with a school group must return with the group. However, if a student has received written approval from an administrator or activity sponsor before leaving for the trip, the student may return with a parent or guardian.
2. Students will be on time and prepared for leaving on school transportation. Students will remain on/in assigned buses/van/cars and may not switch among vehicles without permission.
3. Valuables should be left at home. School officials are not responsible for personal items.
4. All luggage and personal belongings may be searched prior to being loaded for the trip and at any time during the trip if an administrator or sponsor has reasonable suspicion that the item contains prohibited items of any kind. Students may be searched by a district employee or by two sponsors where there is reasonable suspicion the student has prohibited items on his or her person.
5. Students will wear appropriate attire as defined by the school dress code or as deemed appropriate for the activity by the sponsor.
6. Students will follow the instructions of the sponsor or adult chaperones at all times.
7. Students will attend (on-time) all sessions and activities to which they are assigned during the trip.
8. Students will not deface or otherwise damage property. Any damages to property or furnishings will be paid for by the individual student and/or his or her parents.
9. Students must keep the sponsor informed of their activities and whereabouts at all times; students may not leave the hotel without sponsor permission.
10. At hotel check-in, movie and game privileges will be turned off in student rooms. They may be reinstated only by sponsor authorization and only after students have made payment for movies, etc.
11. Students will spend the night or nights at the assigned hotels in the assigned room(s). Except in the case of emergency or permission from the sponsor, students will remain in their rooms after curfew.
12. Students must be in their assigned rooms and quiet at the curfew set by the sponsor. At curfew, students may be asked to turn off their cell phones. Misuse of cell phones or other electronic devices is subject to the same disciplinary consequences as outlined in the Student Code of Conduct.
13. Unless there is an emergency, students may not use hotel telephones without sponsor approval. At check-in, long distance capabilities will be turned off in student rooms.
14. Students will not be permitted at any time (day or night) to be in sleeping rooms with members of the opposite sex.
15. School activities and trips are to be tobacco-free, alcohol-free, drug-free, and weapon-free. Students are prohibited from possessing, using, or conveying alcoholic beverages, illegal drugs, prescription drugs not prescribed to the student,

tobacco products, and weapons on school trips. The presence of any of the items listed above in a student's luggage, personal effects, or hotel room may be considered to be possession of the item, regardless of whether the student actually uses the prohibited substance or weapon.

- 16. Students will neither open hotel windows nor hang/throw objects out of hotel windows or balconies.
- 17. Students will be quiet and considerate of other guests in hotels or at gatherings.
- 18. School buses/Charter buses are to be clean and free of trash at the end of all trips.
- 19. At the end of all trips, students will arrange to be picked up at school promptly at the designated time.

We have read, understand, and agree to abide by the rules pertaining to school trips. ***We understand that any violation of these rules, or any other misconduct, may result in the student being sent home immediately at the parents' expense, as well as other disciplinary consequences as described above.***

Parent or Guardian Signature

Date

Student Signature

Date