



_____ (Student Last name, First name Middle Initial)

DHS Band Combined Form P1a, P1b, P1c

Consent for Field Trip (P1a)

I hereby consent for the above named student to participate in athletic team, band, orchestra, chorus, and/or any other sponsored field trips. I understand that transportation may or may not be provided by the DeKalb County School System. In the event transportation is not provided by DCSS, transportation will be the student's responsibility.

**Signature of Parent(s) or Guardian(s) Photo Opt-Out Statement (P1b)

I **withhold** my permission for Dunwoody Band to display photographs, video images, or audio clips of my child, named above, in DHSBB publications.

(Do not sign if it is OK for DHSBB to publish your child's photo, etc.)

Signatures of parents(s) or guardian(s)

Medication Policy and Consent Form (P1c)

According to DCSS policy, ALL medication must be in the original container with the prescription/dosage clearly marked. These medications will be turned over to the Band and given out according to the prescription directions. No student is allowed to carry any medication. Chaperones will have Tylenol and Aleve, which can be given to students who have provided written permission below.

STATEMENT OF PARENTAL CONSENT FOR TYLENOL OR ALEVE

I hereby grant permission for my child named above to be given Tylenol or Aleve in the recommended dosage by a Dunwoody High School Band chaperone or teacher during Band Camp or Band event when needed, in the opinion of school authorities or chaperones. In such cases, I agree to waive, absolve, and hold harmless the DeKalb County School System, The Dunwoody High School Band, the Dunwoody High School Band Boosters, simply, or collectively from and against any injury or damage sustained by my child for which permission is given.

Please indicate by circling as appropriate: Tylenol Aleve or Both

Parent Signature: _____ Date _____



_____ (Student Last name, First name Middle Initial)

DHS Band Combined Form P2a, P2b

Consent for Medical Treatment (P2a)

TO WHOM IT MAY CONCERN: I, the undersigned, being the parent or legal guardian of the above named student (birth date _____) hereby grant authorization to the Band Director or any chaperone of the Dunwoody High School Band Boosters (DHSBB), standing in as local parents, to obtain any emergency medical and/or surgical treatment procedures from a physician or hospital emergency room physician on behalf of the above named minor.

I also authorize the release of this student after receiving emergency treatment to the Band Director or any chaperone of the DHSBB.

Waiver and Release

I release and waive, and further agree to indemnify, hold harmless or reimburse the DeKalb County School System, the individual members, agents, employees and representatives 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 activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment.

_____ Date _____

**Signatures of parent(s) or guardian(s) Financial / Insurance Information (P2b)

For and in consideration for emergency services and goods rendered by or through the attending physician(s), the undersigned guarantees payment in full, immediately upon receipt of final billing.

_____ Date _____

**Signatures of parent(s) or guardian(s)

Insurance Carrier Policy No. _____

TAPE COPY of FRONT AND BACK OF INSURANCE CARD BELOW or attach to this sheet