



**INFORMED CONSENT ~ PERMISSION to PARTICIPATE  
INTERMEDIATE ORCHESTRA \*SYMPHONY I (PS I) \*SYMPHONY II (PS II)  
SKMEA Regional Orchestra Assessment/Festival**

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I that I have read, understood and agreed to the following:

I hereby give my permission for \_\_\_\_\_ who attends Kamiak High School, to participate on field trip on **March 21, 2017** for the Purpose of **Performance/Adjudication at the Regional SKMEA Orchestra Festival.**

*Transportation for this activity will be provided by: District Bus*

Student's address: \_\_\_\_\_ City: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted

Name: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:

\_\_\_\_\_

My student will bring "over the counter" or prescription medication on this field trip **other** than what the student normally takes during the school day (already registered with the school nurse). Please initial the box to indicate compliance with the MSD medical prescription allocation policy:

1. All medication must be labeled in the original container with the student's name on it.
2. Any medication not authorized by your physician cannot be administered by staff or chaperones
3. I have completed the Field Trip Medication Authorization form and had it reviewed, signed, and returned by the prescribing physician. (form available from your teacher, the main office, or the school nurse)

- I acknowledge that this activity entails known and unanticipated risks, which could result in injury or death, as well as damage to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.
- I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity (other than noted above.)
- I authorize qualified emergency, medical professionals to exam and in the event of injury or serious illness administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem to any treatment. In the event it becomes necessary for the school district staff-in-charge obtain emergency care for my student neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstance.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**WORK #**

\_\_\_\_\_  
**HOME/CELL PHONE**