
Parent Authorization for Student Field Trips Medical Release for School Activity Decatur High School Chorus

I/We, the undersigned, hereby grant _____
permission to participate in school sponsored activity as a member of the Decatur
High School Chorus beginning August 7, 2008 and ending May 29, 2009

I grant permission to participate in any choral music field trip or activity. I certify that I am the parent or legal guardian of the above named student at Decatur High School. Decatur High School and/or the Decatur City School System has my full permission and consent to transport and otherwise provide transportation for my child by any appropriate means of transportation in connection with school work and or extra curricular activities. I agree with all board policy code of conduct rules and agree that my child will abide by them. I agree if my child acts in a careless manner and sustains any injury, I hold no one responsible. Director or chaperones have my permission to acquire any medical attention deemed appropriate by medical personal should my child become ill or sustain injury. I authorize any necessary medical treatment to include the administering any medication as prescribed by the doctor in attendance for this student while on a trip with the Decatur High School Chorus. I also guarantee payment of all charges incurred during the treatment. This permission shall be effective for the current school year for any academic, cultural, or other applicable events thereof.

I agree that I've read and agree with policies in the Chorus Handbook, as well as the DHS Chorus Website. I agree with the policies in the chorus handbook including Spring Trip, ISS and Tardy policies and transfer and refund policy on the chorus website. I know that all fundraising monies are non-refundable, but transferable according to the policies stated on the chorus website and in the handbook.

I give permission for my child's name to appear on the chorus website. I also give permission for my child to appear in group still and video pictures on the chorus website. You may opt out by putting your request in writing by August 29, 2008.

Parents Name _____
(Please Print) (Signature)

Address _____
(Street, City, State, Zip)

Phone _____
(Please provide several emergency numbers also)

Family Physician _____
(Name) (Office Phone)

Medical Insurance Company _____
Company Policy Holder Name Policy Number Group Number

Notary Seal Notary Signature _____

My commission expires _____

Date of Notary Signature _____