

STEVENSON HIGH SCHOOL MARCHING SPARTANS

MEDICAL FORM

BAND CAMP 2021: August 11-13 (PreCamp)
August 16-20 (Stevenson HS)
Friday, September 10, 7 p.m. HOME GAME

Student Name: _____

Male

Female

Home Phone: (____) _____

GRADE (FALL 2021): FR SO JR SR

MARCHING INSTRUMENT (OR COLOR GUARD): _____

Parent Name: (1st to contact) _____

(2nd to contact): _____

Cell: _____

Cell: _____

Student Cell: _____

EMERGENCY INFORMATION

Two alternative people who might be called in an emergency.

Emergency Contact 1: _____

Emergency Contact 2: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

INSURANCE

Insurance Company _____

Name of primary insurance holder: _____

Policy/Membership # _____

Group # _____

MEDICAL ALERT: (List ANY medical conditions or health-related issues to which staff /chaperones should be made aware.)

KNOWN ALLERGIES (include any allergies to medications):

MEDICATIONS:

SELF CARRY/SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of medication (including emergency medication) may be authorized by a parent/guardian.

Sign below for parent authorization for self-carry/self-administration of medication

PARENT/GUARDIAN SIGNATURE: _____ Date _____

I give permission for _____ to receive medical treatment in the event of illness or injury. A parent/guardian will be consulted prior to any medical treatment more serious than first aid.

In the event that injury or illness needs immediate attention and none of the above persons can be contacted, I hereby authorize the chaperones to arrange transportation to the NEAREST HOSPITAL which may render emergency treatment. I will be responsible for charges incurred for my child.

PARENT/GUARDIAN SIGNATURE: _____ Date _____

PERMISSION TO ATTEND BAND CAMP

_____ has my permission to attend the Stevenson High School Marching Band Camp from Monday, August 16, 2021 through Friday, August 20, 2021 and all pre-camp practices and activities. I understand that Stevenson High School and the camp chaperones will not be held responsible for accidents or injuries. I also authorize the music booster board and student section leaders to contact myself or student by phone or email.

_____ Date

_____ Parent or Guardian Signature

STUDENT AGREEMENT

I have read the rules and regulations for band camp and agree to follow them as required. I understand that breaking the rules will result in my calling my parents/guardians to explain and to pick me up from camp immediately.

_____ Date

_____ Student Signature

SUBMIT FORMS TO: Livonia Stevenson Music Boosters
P.O. Box 531081
Livonia, MI 48153
hwickman@livoniapublicschools.org
School 734-744-2660 Voicemail 70557

**ONLINE REGISTRATION AND CAMP FEES due by June 30, 2021
FORMS due by August 1, 2021**

Student Name _____

Year of Graduation _____

LIVONIA PUBLIC SCHOOLS STUDENT WEBSITE/MEDIA AUTHORIZATION

Dear Parents or Legal Guardians:

Livonia Public Schools is continually using all media available to showcase the educational opportunities available to students.

Therefore, we/I, _____ as the parent(s) or legal guardian(s) of
(Print First and Last Name)
_____ hereby authorize and permit the use of media, such as district
(Print Student's Name)
publications, cable, web, etc., to distribute individual or student images (visual/audio). When publication is on the Internet, **identification will be by first name only.**

We/I authorize such disclosure for purposes of providing information regarding the Livonia Public Schools' programs or activities, unless specified below.

Check any exclusion that applies:

- Student's first name (Last names not used on the Internet)
- Student's work *(including ensemble performances – if this box is checked, your child will not be able to participate as all performances are video and/or audio recorded.)*
- Student's image as an individual
- Student's image as part of a group *(If this box is checked your child will not be included in the marching band photo which is printed in the yearbook, fall sports program, or competition programs.)*
- Other: _____

Signature Parent/Guardian

Print Name Date

Please retain a copy for your records. Please contact your student's school office if you wish to make changes.

Stevenson Marching Band Travel Permit 2021-2022

Parent/Legal Guardian Permission for Participation in Field Trips

I, the parent/legal guardian of _____ (“the student”), give my permission for the student to fully participate in the following school sponsored activities.

- Wayne Memorial HS Scholastic Invitational** (Saturday, September 11)
Private Vehicle

- Holmes MS - SHS leadership prep for marching performance** (Tuesday, September 28)
Private Vehicle

- Scholastic Invitational** (TBD)
Bus

- MSBOA Marching Band Festival @ John Glenn High School** (Monday, October 11)
Bus

- Away Games - various locations, various dates** (Pep Band)
Private Vehicle

- Elementary and Middle School Halloween tour** (i.e. Hoover, Riley, Holmes)
Private Vehicle and bus

I understand that during this field trip, the student is expected to follow all school rules, and will cooperate with, and follow the directions of the teachers, chaperones, and bus drivers.

I agree to hold the Livonia Public Schools, and its employees, and its agents harmless from all damages, costs, and attorney fees incurred as a result of any injury.

Parent Signature

Date