

# STEVENSON HIGH SCHOOL MARCHING SPARTANS

## MEDICAL FORM

BAND CAMP 2023: August 9-11, 8 a.m.-4:00 p.m. (PreCamp)  
August 14-18 (Covenant Hills Camp, Otisville, MI)

Student Name: \_\_\_\_\_

Male

Female

Birthdate and Age

While at Camp: \_\_\_\_\_

Home Phone: \_\_\_\_\_

MARCHING INSTRUMENT (OR COLOR GUARD): \_\_\_\_\_

Parent Name

(1st to contact): \_\_\_\_\_

Parent Name

(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  
Company: \_\_\_\_\_

Membership  
Number: \_\_\_\_\_

Name  
on the card: \_\_\_\_\_

Known Allergies:

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

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## Medications

All medication taken to camp must be checked in with medical staff prior to arrival at camp. Prescription medication must be labeled with student name, drug name, dosage, and when to be taken.

LIST DAILY MEDICATIONS:

DRUG	DOSAGE	WHEN TAKEN
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Some over the counter medications will be available at camp. Please list any over the counter medications which you do NOT wish your student to take:

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KNOWN MEDICATION ALLERGIES: \_\_\_\_\_

**\*\*\*INDIVIDUALS MUST PROVIDE A PHOTOCOPY OF INSURANCE CARD AND STUDENT PICTURE ID\*\*\***

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.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ATTEND BAND CAMP**

\_\_\_\_\_ has my permission to attend the Stevenson High School Marching Band Camp from Monday, August 14, 2023 through Friday, August 18, 2023 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

**ALL FORMS DUE BY August 7, 2023**

If you did not make any payments by *June 30*, you are subject to being dropped due to the custom drill written for our band. Registrations after that point will only be accepted if there is an opening.

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  
(Print First and Last Name)  
guardian(s) of \_\_\_\_\_ hereby authorize and permit the use of  
(Print Student's Name)  
media, such as district 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.



Heather Wickman  
Director of Bands & Orchestra

# Stevenson High School Instrumental Music

hwickman@livoniapublicschools.org  
Music website: www.shsmusic.org

## MARCHING BAND TRAVEL PERMIT 2023-2024

### 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 9)**  
*Private Vehicle*
- Holmes MS - SHS leadership prep for marching performance (Tuesday, September 26)**  
*Private Vehicle*
- Scholastic Invitational (TBD)**  
*Bus*
- MSBOA Marching Band Festival @ John Glenn High School (Monday, October 9)**  
*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



# WAIVER, RELEASE, AND INDEMNIFICATION

UPON CAREFUL READING AND CONSIDERATION, \_\_\_\_\_ (Print Name of Participant),  
RECOGNIZES THAT SOME OF THE ACTIVITIES FOR WHICH HE/SHE DESIRES TO PARTICIPATE IN AT COVENANT HILLS CAMP &  
RETREAT INHERENTLY CARRY THE RISK OF INJURY, IN ADDITION TO THE NORMAL RISKS ASSOCIATED WITH BEING AT CAMP  
PROPERTY AND REGULAR ACTIVITIES. PARTICIPANT HAS ASKED TO PARTICIPATE AND ACKNOWLEDGES THE INHERENT RISK OF  
INJURY AND HARM. BY SIGNING BELOW, IN CONSIDERATION OF, AND AS PART OF PAYMENT FOR THE RIGHT TO PARTICIPATE IN  
ACTIVITIES ARRANGED AND PROVIDED FOR PARTICIPANT BY COVENANT HILLS CAMP & RETREAT, PARTICIPANT AGREES TO  
ASSUME THE RISK OF WHICH MAY RESULT IN VARIOUS TYPES OF INJURY INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:  
SICKNESS, EXPOSURE TO INFECTIOUS/COMMUNICABLE DISEASE, BODILY INJURY, DEATH, EMOTIONAL INJURY, PERSONAL INJURY,  
PROPERTY DAMAGE, AND FINANCIAL DAMAGE ASSOCIATED WITH COVENANT HILLS CAMP & RETREAT ACTIVITY PROGRAMS, AND  
TO RELEASE AND INDEEMNIFY COVENANT HILLS CAMP & RETREAT, IT'S OFFICERS, DIRECTORS,EMPLOYEES, AND AGENTS FROM  
AND AGAINST ANY AND ALL LIABILITY FOR NEGLIGENCE AND COSTS IN CONNECTION WITH PARTICIPANT'S PARTICIPATION IN  
ACTIVITY PROGRAMS AT COVENANT HILLS CAMP & RETREAT.

While Covenant Hills Camp & Retreat (CHC) does not want to frighten you or reduce your enthusiasm for these activities, CHC does  
acknowledge and advise that it is important for Participant to be informed and know in advance about inherent risks. You hereby  
attest as follows:

By signing below, I acknowledge that I have asked to participate in the CHC activities, programs, and related events. Among others,  
these activities include, but limited to, hiking, tubing, sledding, ropes course, climbing, zip line, archery, all waterfront activities,  
playground equipment, outdoor and indoor play, horse/wagon rides, campfires and others, I understand that participation in these  
activities is not without risk.

I understand that no activity program is absolutely safe and free of risk. I agree to assume full responsibility for myself and for my  
family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in  
activities and the program at CHC resulting from negligence on my part and that of my family or officers, directors, employees, and  
agents of Covenant Hills Camp & Retreat.

I affirm that I a fully capable of participating in the activities and that my general health is good, and that I do not have any  
conditions that might endanger the life or health of myself or others participating in camp activities. I affirm that I know of no  
reason why I should not participate.

I understand the signature of the parent or guardian for a minor on this document is intended to have the parent or guardian be  
bound and commit the parent or guardian to not take action on behalf of such minor child.

This ACKNOWLEDGEMENT & ASSUMPTION OF RISK, WAIVER, RELEASE AN INDEMNIFICATION liability release and indemnification  
agreement shall legally binding upon my heirs, assigns, legal guardians, personal representatives, and myself. I have carefully read  
this agreement and understand its contents. I am aware that I am releasing certain rights of my own free will that I otherwise my  
have.

Unless checked, I give my permission for the use of photographs and/or video including my son/daughter/myself to be  
used in camp publicity.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

If Participant is a minor:

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

(Updated 5/15/2020)