

Murphy High School Band

ACKNOWLEDGEMENT AND RELEASE FORM

PERMISSION AND RELEASE (PARENTS)

This is to verify that I have given _____ permission to attend all band
(Student's Name)
related travel in the 2022-2023 school year and that I expect him/her to abide by the regulations either oral or written as set up by the directors or by Murphy High or Mobile County Schools and to cooperate fully with the band directors and chaperones. I have read and understand that I am responsible for all information and policies stated in the Mobile County Student Handbook. In giving permission for my child to participate in this program, I further certify that Mobile County Schools, Murphy High School, the Murphy Band program, its band directors, employees, chaperones, or drivers will not be held responsible or liable for any accident or injury to my child which may occur during any phase of a trip.

Signature of Parent/Guardian

Parent Name _____

Address where I may be reached _____

Cell Phone _____ Email _____

Neighbor or relative who may be contacted in case parents cannot be reached _____

Cell Phone _____

RELEASE (Student)

I, _____, certify that I have read and understand the release as
(Student's Name)
stated above and that I realize that Mobile County Schools, Murphy High School, its band directors, employees, chaperones, or drivers will not be held responsible or liable for any accident or injury which may occur to me during any phase of a trip. I have read and understand that I am responsible for all information and policies stated in the Mobile County/Murphy Student Handbook. I will abide by all regulations and will cooperate with the chaperones and band directors.

Signature of student

Murphy High School Band Medical Release 2022-2023

SECTION I: Student Personal Information

Student Name _____ Date of Birth _____ Age _____ Sex _____
Address _____ City _____ State _____ Zip _____
Email _____ Cell phone _____

Parents/Guardians

Parent 1 _____ Phone (Cell) _____ (W) _____
Parent 1's email _____ Parent 2's email _____
Parent 2 _____ Phone (Cell) _____ (W) _____

If persons named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____
Name of personal physician _____ Phone _____
Personal health/accident insurance carrier _____ Policy # _____
Name of insured _____ Relationship _____

Please attach a copy of your Health Insurance Card to this form.

SECTION II. Health information

Allergies	Yes _____ No _____	Explain _____
Asthma	Yes _____ No _____	Diabetes Yes _____ No _____
Cancer/Leukemia	Yes _____ No _____	Heart trouble Yes _____ No _____
Seizures	Yes _____ No _____	Other _____

Routine Medications _____

Do you wear contact lenses Yes _____ No _____

Do we have permission to give your child over-the-counter medications? Yes _____ No _____

If there are any special instructions or concerns about your child's health that we need to know about while traveling with your child, please note these instructions or concerns on the back of this form.

SECTION III: Authorization/Hold Harmless

In the event of an emergency, I _____ give Mr. Alex White, or his representative, permission to obtain any necessary emergency medical care for my child _____ while participating in Murphy H.S. Band activities. I understand that every effort will be made to contact me in the event of an emergency. I also agree to assume responsibility for all expenses that occur due to the medical treatment of my child.

Date _____ Signature of Parent/Guardian _____