

INSTRUMENTAL MUSIC DEPARTMENT  
SANTA FE HIGH SCHOOL  
EDMOND PUBLIC SCHOOLS  
EDMOND, OKLAHOMA

BOARD OF EDUCATION  
DISTRICT 1-12

Re: Parent's Permission for Excursion  
Student Directory  
Health Record  
Emergency Medical Care Release  
Notarization

School year: 2005-06

To: Michael Lowery - Rebecca Coleman - Andrew Heitz - Christy Fine  
(HS Band & Orchestra Directors)

**PARENT'S PERMISSION FOR EXCURSION**

The undersigned, a parent or the parents of: \_\_\_\_\_  
requests that the said student be permitted to engage in **ALL SCHOOL ACTIVITY EXCURSIONS** approved  
by the Instrumental Music Department during the current school year; and as a prerequisite consideration,  
agree:

*That only general supervision of the pupil in the activities can be given: that neither the school district  
nor any of its employees are liable for any injury of the pupil from such activity, including use of school or  
chartered bus, or private conveyance, and to hold the school district and all of its employees harmless on any  
claim for damages made by or for growing out of those approved activities, including all expenses of defending  
same.*

X \_\_\_\_\_  
(Parent/Guardian Signature)

**STUDENT DIRECTORY**

- YES.... you may include my address, phone number and e-mail in the Band & Orchestra Student Directory
- NO.... I do not wish my address, phone number and e-mail to appear in the Band & Orchestra Student  
Directory

X \_\_\_\_\_  
(Parent/Guardian Signature)

### HEALTH RECORD

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Phone Number of Parent/Guardian during day: *Father* \_\_\_\_\_ *Mother:* \_\_\_\_\_  
*cell* \_\_\_\_\_ *cell:* \_\_\_\_\_

In case of emergency, if parent/guardian cannot be reached, notify:

\_\_\_\_\_ at (Phone no.): \_\_\_\_\_  
(Name)

Family doctor: \_\_\_\_\_ Dr.'s Phone No.: \_\_\_\_\_

Preferred local Hospital: \_\_\_\_\_

Known allergies: \_\_\_\_\_

### EMERGENCY MEDICAL CARE RELEASE

**BE IT KNOWN** that I, the undersigned parent/guardian of \_\_\_\_\_  
do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor of hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in or on any Band or Orchestra event or excursion activity during the above mentioned school year. It is further understood that an attempt shall be made to contact me prior to said treatment.

X \_\_\_\_\_  
(Parent/Guardian Signature)

### NOTARIZATION

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

My commission expires \_\_\_\_\_



\_\_\_\_\_  
(Notary Public)