

PARENT/STUDENT AGREEMENT

This agreement is made effective as of September 22, 2009

Between (Parent or Guardian) _____,

Student Group member _____,

In this agreement, the Parent or Guardian, the student, the Carlson Band and Choir Directors and the Gibraltar Music Boosters agree as follows:

1. **Rules and regulations will be followed as described by the Band director.**
2. **Non – refundable deposit of \$200. This deposit will be due by December 1st.** The deposit will be credited towards the total financial responsibility of \$485 .00. (This deposit will be refunded in the event that the trip is cancelled.)
3. **Total Financial Responsibilities per student of \$485.00 will be due in full by March 23rd, 2010.** This money can be raised through fundraising or paid in cash. Three (3) Payments of \$95 (or the remaining balance) will be made 3 successive dates:

January 26th -- \$95
February 23rd -- \$95
March 23th -- \$95 or remaining balance

Payments must be made regularly, in order to ensure your reservation on the trip. (This price may be subject to change depending on the final number of participants under 100)

4. **The Trip will take place from June 11-13th.**
5. Students and Chaperones agree to abide by all rules, regulations, attendance policies, and codes of conduct set down by the Carlson Music Dept., Educational Tours, Mr. Brockington, Mr. Carruth, Carlson High School and the Gibraltar School District. (Violators will be dismissed from the trip and sent home at their own expense – forfeiting all money.)
6. Fundraising opportunities will be made available and a reasonable effort will be made to notify all music department members when fundraisers will take place.
7. If the student/chaperone member is forced to drop out of the trip, this agreement will be void. The \$200 deposit is non-refundable. Any monies paid additionally to the \$200 may be refunded – provided the cancellation is 45 days prior to the trip.

By: _____
Carlson High School Music Director

By: _____
Parent or Guardian

By: _____
Student Band Member

2010 Chicago Trip Permission/Health Form Permission Form

WITHOUT THIS FORM YOUR CHILD WILL NOT BE
PERMITTED TO ATTEND TRIP.

STUDENT NAME: LAST FIRST MID. INTIAL

In the event of an EMERGENCY, I hereby give my permission to the following persons to pick up my child from the Chicago Trip. (My child will be released only to the names listed below, with proper ID.)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

I expressly direct that if my son/daughter is dismissed from the 2010 Chicago Trip and arrangements cannot be made by me or one of the above permitted persons to transport him/her home, I agree to cover the expense of public transportation.

Signature of parent or Legal Guardian

Emergency Phone Numbers:

Home

Work

Cell

Father's Name _____

Mother's Name _____

Other _____

E-mail _____

STUDENT NAME: LAST

FIRST

MID. INTIAL

Insurance and Health Information

COPY OF INSURANCE CARD
AND
CURRENT IMMUNIZATION RECORD

Insurance _____ Group# _____

Service# _____ Contract# _____

Local# _____ Certificate# _____

Coverage# _____ Co-Pay _____

History	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
FAINTING			PAINFUL JOINTS			RECURRANT EAR PROBLEM		
ASTHMA			BACKACHES			BACK ARM OR LEG PROBLEM		
DIABETES			NOSEBLEEDS			FOOD ALLERGIES		
HEART CONDTION			SHORTNESS OF BREATH			MEDICATION ALLERGIES		
ANEMIA			HERNIA			ENVIRONMETAL ALLERGIES		
BLURRED VISION			FREQUENT SORE THOARTS			PHYSICAL LIMITATION		
HEADACHES			STOMACH PAINS			ANIXETY		
FAINTING			NERVOUS STOMACH			DEPRESSION		
EPILEPTIC						GLASSES		
BLACKOUTS						CONTACTS		

If a yes answer is given above or if another condition exists please explain in full detail:

If you require special Dietary needs – Please inform Mr. Brockington ASAP

NAME: LAST FIRST MID. INTIAL

Current drugs/medications	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, give my permission for medical treatment to be given to my child, _____, in case of illness or injury and/or to have routine medical care administered while on the 2010 Carlson Music Department Trip to Chicago, Chicago

I _____, give permission for a designated chaperone to administer the following medications if necessary: (check if applicable)

___ Tylenol ___ Benadryl ___ Antacid/Pepto Bismal

___ Ibuprofen/Motrin

Signature of Parent or Legal Guardian

