

PERMISSION SLIP

I, (parent) _____, give permission for my son/daughter _____ to travel to **Orlando, FL on March 26-30, 2018** and to take part in all scheduled activities with the Upper Darby High School Marching Royals. I hereby release and/or discharge the Upper Darby School District, UDBOP, and the chaperones accompanying the group from any and all responsibility regarding accidents or injuries to my son/daughter while at or in transit from these events. I will discuss discipline with my son/daughter, and understand that he/she is responsible for proper conduct while with the group. I also understand that if involved in any discipline problems, he/she may be sent home at my expense, and dropped from the group to which he/she belongs.

PLEASE LIST PHONE NUMBERS TO BE CALLED FOR AN EMERGENCY

Phone #1

Phone #2

Person who may be contacted in an emergency if parents aren't home:

Name

Phone

RESPONSIBILITY

I am signing this form as an acknowledgment of my responsibility to the rules of the Music Groups and my willingness to comply with them. I understand what is expected of me as a member of the Upper Darby High School Royals regarding discipline. I will not possess or use alcoholic beverages and/or any form of illegal substance. I understand that, if involved in any disciplinary action, I may be sent home at my parent's expense, and dropped from the group.

Student Signature

MEDICAL

The above named student has the following medical problems or is allergic to the medicines listed or is taking drugs or medications for the reasons listed. This information will be held in confidence, but must be listed in detail. Any or all prescription drugs must be in a container with the name of the drug and purpose of use clearly marked (List on back of slip).

Insurance Co. and ID number (or attach copy to this slip) _____

PERMIT

PERMISSION IS HEREBY GRANTED FOR THIS STUDENT TO RECEIVE NECESSARY TREATMENT BY A QUALIFIED PHYSICIAN, IN HIS OFFICE OR IN A HOSPITAL EMERGENCY ROOM, IN THE EVENT OF AN ACCIDENT OR SERIOUS ILLNESS.

BY SIGNING BELOW I AGREE AND UNDERSTAND ALL AFOREMENTIONED MATERIALS ON THIS PERMISSION SLIP.

Date

Signature(parent / guardian)