

**Henderson High School Band
Summer Band Camp, 2006
Northwestern State University
Natchitoches, LA**

Parent Permission Form

I, the undersigned, do hereby give my permission for my child, _____, to attend the HHS Summer Band Camp held at NSU, Natchitoches, LA. I understand that the students will be properly chaperoned and will not hold Henderson I.S.D., the Henderson Band Booster Club, or the band directors responsible in case of an accident.

I authorize the Henderson I.S.D. Band Directors or adult chaperones on the trip to seek medical attention for my child by a qualified physician and authorize the physician to render such treatment as may be deemed necessary in case of an accident or illness.

I do ___/do not ___ give my child permission to go swimming in the pool.

Signature of parent

State of Texas

County of _____

Sworn and subscribed before me this _____ day of _____, 2006

Commission Expires

Notary Public in and for the State of Texas

I shall:

1. Respect the health of my own body by refraining from the use of tobacco and drugs of any kind, except those prescribed to me personally by a physician.
2. Respect the physical and emotional well being of others by "doing unto them as I would have them do unto me" (respect the need for sleep, refrain from harmful practical jokes, etc.)
3. Respect the property where we will be staying and other areas we visit.
4. Be responsible for my own behavior and participate fully in all scheduled activities of this trip and abide by all the rules and regulations as established by the band directors.
5. Dress appropriately for all activities and conduct myself in such a manner through language, attitude, and actions that represents myself, my family, and my school in a positive way.

Student Signature

Medical Information

Student's Name: _____ Birth Date: _____
Address: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____
Daytime phone: _____ Daytime phone: _____

In Case of emergency, please contact _____ (someone other than Mother/Father)	
Relationship: _____ (aunt, uncle, neighbor, friend, etc.)	
Home Phone: _____	Business Phone: _____

Family Doctor: _____ Office Phone: _____

Drug Allergies: _____

Describe below any special medical conditions your child may have (asthma, seizures, diabetes, etc.). What precautions or procedures should be taken if a problem arises on the trip?

List below any medications your child will be taking on the trip and give specific instructions for drug administration.

List below any instructions for a special diet:

Date of last Tetanus Booster _____

Name of hospitalization Insurance _____

Policy # _____ Group # _____

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I give my permission for the camp nurse to give first aid treatment, if necessary, to my child.

Parent signature: _____

Be sure to send any medication that your child needs!!!!!!