

## **Bells Panther Band Contract**

### **Student/Parent Authorization & Release for Off-Campus Activities**

The Bells Independent School District (BISD) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various off-campus activities associated with the Bells "Panther" Band. I

understand that BISD may not provide transportation to and from all activities.

Students are expected to use school transportation to and from ALL activities, if provided. In the event that BISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity. In consideration for allowing my son/daughter to participate in off-campus activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless BISD, the BISD Board of Trustees, the Bells "Panther" Band Directors, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

## **PARENT/GUARDIAN – STUDENT RELEASE & AGREEMENT**

I have discussed and reviewed all the information in the handbook with my son/daughter, and I understand its contents and my responsibility as to these policies and conditions. My son/daughter has my permission to attend all Bells “Panther” Band trips. I understand that Bells ISD, Bells High School, and the Bells “Panther” Band will not be liable for injuries and medical cost for students. My signature also serves as permission for my son/daughter to obtain medical treatment on a Bells “Panther” Band trip.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Student SIGNATURE

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First MI

Present Address:

\_\_\_\_\_  
Street City State  
Zip

Parents or Legal Guardians: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Alternate #: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Health Ins. Tel. \_\_\_\_\_  
 \_\_\_\_\_

**Medical History of Student: (Please check Yes or No)**

**\*\* Please check medication your child can receive**

	Yes	No
Diabetes	_____	_____
Drug Allergies	_____	_____
Asthma	_____	_____
Epilepsy	_____	_____
Fainting Spells	_____	_____
Kidney Disease	_____	_____
Liver Disease	_____	_____

	Yes	No
Dizziness	_____	_____
Convulsions	_____	_____
High Bld Pressure	_____	_____
Heart Disease	_____	_____
Stomach Disorder	_____	_____
Hay Fever	_____	_____

	Yes	No
Acetaminophen (Tylenol)	_____	_____
Ibuprofen (Advil)	_____	_____
Throat Lozenges/cough drops	_____	_____
Antacids (Tums)	_____	_____
Lotions, Creams, ointments	_____	_____
Diphenhydramine (Benadryl)	_____	_____

\_\_\_\_\_  
**Parent/Guardian Signature**

Surgery/ies (within the last year):  
 \_\_\_\_\_

Emotional problem (i.e. hyperventilation, hysteria):  
 \_\_\_\_\_

Serious medical problems not mentioned above:  
 \_\_\_\_\_

Tetanus (last injection date): \_\_\_\_\_ Allergies to drugs:

\_\_\_\_\_

Allergies to foods & other agents:

\_\_\_\_\_

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)

\_\_\_\_\_

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_