

MCPS HONOR ENSEMBLE PARENT-SCHOOL AGREEMENT AND MEDICAL CONSENT FORM

Student's Name: _____ Grade _____

School _____ Honor Group: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell (mother) _____

Cell (father) _____ Work: _____

I, the parent or guardian of the above-named student, give my approval to his/her participation in any of the supervised programs conducted by the Missoula County Public Schools Fine Arts Department under the following conditions:

- A. On all trips, he/she is to travel under the direction and authority of the program supervisor, will abide by the MCPS and Honor Ensemble travel regulations, and be subject to the stated penalties for violation of these regulations.
- B. No member of the Board of Trustees, MCPS or employee thereof, will be held liable for accident, illness, fatality, or medical bills incurred as a result of participation in the program or associated trips.

Parent Consent for Medical Treatment: In case of illness or serious injury, I give medical authorities permission to treat my son or daughter.

Date _____ Signed: _____

(Parent or Guardian)

MEDICAL INFORMATION

(Parent—please complete)

Major Illness: _____

Medications: _____

Allergies: _____

Medical Provider: _____

Other special Medical Information:

