

# FRANKLIN COMMUNITY HIGH SCHOOL FIELD TRIP PERMISSION FORM

## ACTIVITIES – 2022 Franklin Community High School Blue Regiment Marching Band/Color Guard



- Brownsburg H.S. Marching Band Invitational (Brownsburg, IN) – 9/10/22
- Greenwood H.S. Marching Band Invitational (Greenwood, IN) – 9/17/22
- Franklin Fall Festival Parade (Franklin, IN) – 9/24/22
- Noblesville H.S. Marching Band Invitational (Noblesville, IN) – 10/1/22
- ISSMA Scholastic Prelims (Whiteland, IN) – 10/8/22
- Bands of America Super Regional – Lucas Oil Stadium (Indianapolis, IN) – 10/21/22
- ISSMA Scholastic Finals (Indianapolis, IN) – 10/22/22
- Franklin Community Holiday Parade (Franklin, IN) – 12/3/22

1. Student's full name: \_\_\_\_\_
2. Student's passport number (if applicable): \_\_\_\_\_
3. Student's home address: \_\_\_\_\_
4. Parent/Guardian names: #1 – \_\_\_\_\_ #2 – \_\_\_\_\_
5. Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
6. Work phone – #1 – ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ #2 – ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
7. Emergency contact: Name – \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Name – \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
8. Medical information (Attach additional sheet if needed)  
A: Medications: Name – \_\_\_\_\_ Dosage – \_\_\_\_\_  
Name – \_\_\_\_\_ Dosage – \_\_\_\_\_  
B: Any allergies or other conditions – \_\_\_\_\_
9. In case of an emergency, the teacher/chaperone is authorized to seek appropriate medical treatment:  
**YES - \_\_\_\_\_ NO - \_\_\_\_\_**
10. As this trip is part of the Corporation's educational program and provides experience of educational value, all school rules apply. All rules violations will be dealt with upon return to school. Should the rules violation, in the judgment of the teacher/chaperone, warrant immediate action, the teacher/chaperone may take any actions they deem reasonable and necessary including but not limited to sending the student home at his/her own expense.
11. It should be understood that the activities associated with this trip are such that students cannot be supervised by school staff at all times. While this trip will be supervised and there will be guidelines for behavior, students may be permitted to be in places where the supervisor cannot see them or contact them directly.

*PARENTAL AUTHORIZATION: "MY SON/DAUGHTER HAS PERMISSION TO PARTICIPATE IN THE SCHOOL SPONSORED ACTIVITY DESCRIBED ABOVE. FURTHER, MY SON/DAUGHTER HAS PERMISSION TO TRAVEL, IF NECESSARY, IN RENTED VEHICLES WITH A SCHOOL DESIGNATED TEACHER/CHAPERONE. THE TEACHER/CHAPERONE IS AUTHORIZED TO ACT AS TEMPORARY GUARDIAN IN THE CASE OF A MEDICAL OR OTHER EMERGENCY. I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM AND AGREE TO ASSUME FINANCIAL RESPONSIBILITY FOR THE COST OF TRANSPORTING MY SON/DAUGHTER BACK TO FRANKLIN SHOULD IT BE DEEMED NECESSARY BY THE TEACHER/CHAPERONE. I FURTHER AGREE THAT I WILL NOT HOLD ANY TEACHER/CHAPERONE RESPONSIBLE OR LIABLE FOR ANY INJURIES THAT MAYBE INCURRED DURING THE TRIP, AS LONG AS THE INJURY IS NOT A DIRECT RESULT OF THE NEGLIGENCE OF THE TEACHER/ CHAPERONE.*

\_\_\_\_\_/\_\_\_\_\_/2022  
**Parent/Guardian Signature** **Date**

\_\_\_\_\_/\_\_\_\_\_/2022  
**Student Signature** **Date**

**\*\*\* BOTH SIDES OF FORM MUST BE SIGNED \*\*\***

# FRANKLIN COMMUNITY SCHOOL CORPORATION HEALTH INFORMATION FORM

Date – \_\_\_\_ / \_\_\_\_ / 2022

Teacher – Kosch/Hammond-Wood

Name of Student – \_\_\_\_\_ Grade – \_\_\_\_\_

Please provide as much medical information as possible for the staff to meet the student's needs while at school. Please also provide what medications students are taking at home for any given medical condition. If prescription medications are to be given at school, parents MUST bring medication to school in the container labeled with the prescription and also fill out a permission to dispense form. **Information received may be shared with appropriate staff to enable the school to provide support for your student's participation and progress in school.**

## Medical Conditions:

1. **Severe Bee Sting Allergy?** Yes or No – \_\_\_\_\_

List emergency medication required @ school – \_\_\_\_\_

2. **Food Allergies?** Yes or No What food(s)? \_\_\_\_\_

List emergency medication required @ school – \_\_\_\_\_

\*Please note a Doctor's note is required for any food allergy listed.

3. **Asthma?** Yes or No

List emergency medication required @ school – \_\_\_\_\_

\*Please note if student requires an inhaler on their person at school, a Doctor's note is required. If an inhaler is needed at school but does NOT need to be on their person, it needs to be brought to the nurse by the parent and MUST be in the prescription container.

4. **Diabetes?** Yes or No – \_\_\_\_\_

List emergency medication required @ school – \_\_\_\_\_

5. **Epilepsy/Convulsions?** Yes or No – \_\_\_\_\_

List emergency medication required @ school – \_\_\_\_\_

6. **Heart Disease?** Yes or No – \_\_\_\_\_

List emergency medication required @ school – \_\_\_\_\_

7. **Other?** \_\_\_\_\_

List emergency medication required @ school – \_\_\_\_\_

8. **Serious Injuries or Operations?** \_\_\_\_\_

9. **Glasses?** Yes or No      10. **Contacts?** Yes or No

11. **Vision Problems?** Explain – \_\_\_\_\_

12. **Hearing Difficulty?** Explain – \_\_\_\_\_

13. **Other medication(s) that has not previously been explained** – please list name of medication, dose and what time of day it is taken.

Parent/Guardian Signature – \_\_\_\_\_

**\*\*\* BOTH SIDES OF FORM MUST BE SIGNED \*\*\***