

MARCHING PRIDE OF LAWRENCE TOWNSHIP MEDICAL CONSENT AND AUTHORIZATION FORM
May 2021– May 2022

Last Name: _____ **First Name:** _____ **MI:** ___ **Male/Female:** ___ **Grad Yr:** _____

School – Fall of 2021 (please check one): LN ___ LC ___ FCV ___ BMS ___

This document contains: (1) a consent for Community Health Network, Inc. (Community) (or the nearest emergency medical facility), to initiate and provide medical treatment to your student in the event of an injury or illness; (2) an Emergency Medical and Contact Information form; and (3) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and **sign all sections/forms separately**. If the student is 18 years old or older, he or she must sign for him/herself. **Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in your student being unable to participate in the marching band program.**

CONSENT FOR TREATMENT

I consent to Community (or the nearest emergency facility) initiating any medical or first aid treatment for _____ (name of student) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

<i>Signature of Parent/Guardian:</i> _____	<i>Printed:</i> _____
<i>Relationship to student:</i> _____	<i>Date:</i> _____

Student Information:

Date of Birth: _____ Medical Insurance Company: _____ Policy #: _____ Group #: _____
Physician Name: _____ Physician Phone#: _____
Preferred Hospital (if any): _____
Allergies: _____
Current Medications: Name of Medication Dose Frequency Taken

Does the Student have any of the following conditions (indicate yes or no): asthma ___; low blood sugar ___; diabetes ___; fainting spells ___; seizures ___; sickle cell anemia ___; others _____
Last Tetanus vaccination: Within 5 years?: Y/N Within 10 years?: Y/N
May a representative of the school administer the following analgesic and/or bee sting medications to your student? (Please indicate yes or no): Aspirin ___; Acetaminophen (Tylenol or generic) ___; Ibuprofen (Advil, Nuprin, Motrin or generic) ___; Diphenhydramine HCl (Benadryl or generic for bee or other sting) ___

Parent/Legal Guardian Information:

Parent/Legal Guardian #1:
Name: _____ Relationship to Student: _____
Street Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____

Parent/Legal Guardian #2:
Name: _____ Relationship to Student: _____
Street Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____

Emergency Contacts if Parent/Legal Guardian Cannot Be Reached:

Name	Phone #(s)	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____

STUDENT/PARENT CERTIFICATE AND CONSENT

To be read and signed by parent/guardian and student

Students may NOT participate in Performing Arts programs until this form is on file in the Performing Arts Office

1. In accordance with the rules of the Performing Arts Department and MSD Lawrence Township, I hereby give consent for the named student to participate in Marching Band, Winter Percussion, or Winter Color Guard.
2. I acknowledge that the participant is assuming certain responsibilities and financial obligations, and that all financial obligations for a given co-curricular and non-athletic extra-curricular activity must be met.
3. I acknowledge that the participant is assuming a certain risk of being injured and that even with the best instruction, use of protective equipment and strict observance of rules, injuries are still a possibility in organized Performing Arts activities. On rare occasions these injuries can be as severe as to result in total disability, paralysis, or even death.
4. I authorize responsible school personnel or their agents to oversee or provide emergency medical care to the student in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.
5. I authorize the school to investigate and obtain information from police agencies, the probation department or any other source regarding events leading up to any arrest or filing of charges for an act which would be in violation of any of the performing arts rules published as part of the student handbook.
6. I have been provided with a copy of the rules and regulations regarding performing arts participation, or received copies of those rules and regulations in the student handbook. I understand the rules and regulations and will comply with them as stated. I understand that the rules and regulations will be in effect for all performing arts students as long as they are a student at [Lawrence Central/Lawrence North/Belzer/Fall Creek Valley] and that the rules and regulations may be updated from time to time.
7. I understand that MSD Lawrence Township Schools has in place a "reasonable suspicion" drug testing policy and that school personnel may order a drug test on the student if reasonable suspicion exists.
8. I authorize Lawrence Central/Lawrence North/Belzer/Fall Creek Valley to post results/images containing my son's/daughter's name and statistics on the Lawrence Central/Lawrence North/Belzer/Fall Creek Valley websites.
9. Without compensation to me, I, the undersigned, do hereby irrevocably consent to the use, by MSD Lawrence Township, any photographs, video, or sound recording of my student as described above for advertising and publicity purposes and/or publication in any lawful manner, and hereby release MSD Lawrence Township from any and all liability of me for such use.

Student name (printed): _____

Signature of parent/guardian (if student less than 18): _____ Date: _____

Signature of student (if 18 years old or older): _____ Date: _____

STUDENT CERTIFICATE (to be signed by student regardless of age): I have read the rules and regulations of the Performing Arts Department and Lawrence Central/Lawrence North/Belzer/Fall Creek Valley Schools and believe that I am eligible to represent my school in Performing Arts. If accepted as a representative, I agree to abide by the rules and regulations of the Performing Arts Department and my school. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen activities(s).

Student Signature: _____ Date: _____