

# Parent Authorization to Consent to Treatment of Student

|                                          |                            |             |
|------------------------------------------|----------------------------|-------------|
| Name of Student: (Last) (First) (Middle) | Date of Birth (mm/dd/yyyy) | Grade Level |
|------------------------------------------|----------------------------|-------------|

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

|                                                  |                     |                     |
|--------------------------------------------------|---------------------|---------------------|
| Name of Father/Guardian: (Last) (First) (Middle) |                     |                     |
| Father's Home Phone                              | Father's Work Phone | Father's Cell Phone |
| Name of Mother/Guardian: (Last) (First) (Middle) |                     |                     |
| Mother's Home Phone                              | Mother's Work Phone | Mother's Cell Phone |

I/We have read and understand the extent of this authorization and that it shall remain effective until the end of the current school year, from August 1, 20\_\_ through July 31, 20\_\_.

|                               |      |
|-------------------------------|------|
| Signature of Parent/Guardian: | Date |
|-------------------------------|------|

## Insurance Information

|                                                                                                                                                                                               |  |                            |       |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-------|-----|
| Name of Insured Policyholder: Last First Middle                                                                                                                                               |  |                            |       |     |
| Billing Address of Policyholder: Street                                                                                                                                                       |  | City                       | State | Zip |
| Insurance Company                                                                                                                                                                             |  |                            |       |     |
| Group No.:                                                                                                                                                                                    |  | Certificate or Policy No.: |       |     |
| Type of Insurance Plan<br><input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____ |  |                            |       |     |

# Parent/Guardian Authorization for Regular Extracurricular Travel

|                          |            |             |             |
|--------------------------|------------|-------------|-------------|
| Student's Last Name      | First Name | Middle Name | Grade Level |
| Extracurricular Activity |            |             | School Year |

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

## Insurance Information

|                   |              |
|-------------------|--------------|
| Insurance Company |              |
| Policy Number     | Group Number |
| Insured's Name    |              |

## Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

|  |
|--|
|  |
|  |
|  |

PLEASE PRINT

## Emergency Contact Information

|                   |            |              |
|-------------------|------------|--------------|
| Emergency Contact |            | Relationship |
| Home Phone        | Work Phone | Cell Phone   |
| Emergency Contact |            | Relationship |
| Home Phone        | Work Phone | Cell Phone   |
| Emergency Contact |            | Relationship |
| Home Phone        | Work Phone | Cell Phone   |

## Authorization

|                                                       |                                |                                                     |                                |      |
|-------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|------|
| Parent's/Guardian's (or Adult Student's) Printed Name |                                | Parent's /Guardian's (or Adult Student's) Signature |                                | Date |
| Father's/Guardian's Home Phone                        | Father's/Guardian's Work Phone |                                                     | Father's/Guardian's Cell Phone |      |
| Mother's/Guardian's Home Phone                        | Mother's/Guardian's Work Phone |                                                     | Mother's/Guardian's Cell Phone |      |

**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: [www.uil.utexas.edu](http://www.uil.utexas.edu)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Printed Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept on file by the local school district.

# OVERNIGHT TRIP STUDENT RULES

1. There will be no boys in girls' rooms or girls in boys' rooms for any reason, unless in the presence of a band director or principal. Any student violating this rule will be sent home.
2. Students will not be out of their rooms after curfew unless accompanied by an adult chaperone or designated school sponsor. Students will be given a chaperone's phone number to call in case of emergency. Any student in violation of this policy will be sent home.
3. The possession or use of any tobacco product, alcohol product, chemicals, inhalants, or any intoxicants or mood-altering drugs is prohibited. Any student violating this policy will be sent home and referred to his/her campus administrator.
4. Any property damage will be paid for by the student(s) responsible for the damage.
5. Students are not to leave an assigned area for any reason or get into any vehicle other than school designated transportation.
6. Any student in violation of local, state or federal laws will be turned over to law enforcement authorities. If the student returns to the group, he/she will be sent home.
7. Any student who excessively violates any trip guidelines may be sent home.
8. Students will follow all policies set forth in the Taylor Band Handbook.
9. If a student is sent home for any reason, the parent/guardian agrees to pay the full cost of the student's return trip to Katy. The parent/guardian will provide appropriate information (credit card number, etc) to school district personnel in order that appropriate return transportation may be purchased.
10. Violation of any of these rules may result in permanent removal from the Taylor Band Program.

I have read the Taylor Band Overnight Student Trip Rules. I understand the rules and agree to follow them. I understand the consequences of not following these rules.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_