

BOLIVAR MUSIC DEPARTMENT
DISNEY TRIP May 29th – June 3rd, 2017
MEDICAL, LIABILITY, & PHYSICAL RELEASE FORM

Name _____
Child's cell number used in the park _____ Texting? YES / NO
Date of Birth _____ Sex M F
Parent / Guardian Name: _____
Address _____
City/State/Zip _____
Home Phone # _____
Dad's Work # _____ Pager/Cell Phone # _____
Mom's Work # _____ Pager/Cell Phone # _____

In Case of Emergency Notify _____
Relationship _____ Phone # _____
(Individual other than those listed above)

Family Doctor _____ Phone # _____
Medical Insurance Co. _____ Policy # _____
Phone # _____ (Please provide a copy of both sides of card)
Family Dentist _____ Phone # _____
Dental Insurance Co. _____ Policy # _____
Phone # _____

MEDICAL HISTORY

(If you check any of the following, please provide any pertinent information)
Asthma _____ Kidney Trouble _____ Hay Fever _____
Heart Trouble _____ Diabetes _____ Dizziness _____ Nausea _____
Fits of Spontaneous Combustion or Other _____

Allergies (List Type) _____

Previous Operation or Serious Illnesses (List Types & Dates) _____

Any Current Medications (List) _____

Any Swimming or Activity Restrictions? (If "yes", please explain) _____

Special Diet (Name, with specifics) _____

LIABILITY & PHYSICAL LIKENESS RELEASE

STUDENT NAME (s) _____

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for their child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Bolivar School District, Bolivar, MO.

The undersigned releases the program, directors and trip chaperones from liability for injury or accident, and gives permission to secure proper medical attention for above named youth. I understand that I will be financially responsible for any expenses incurred due to medical care, dental care, travel expenses, etc. as a result of a sports injury, accident, disease, or illness, and hereby release the music program, directors and chaperones from any financial responsibility that may be incurred.

Every activity sponsored by the music program is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the undersigned agrees to assume and accept all risks and hazards inherent in these sponsored activities. Agreement is also given not to hold volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parent/guardian understands that they are signing for the student listed on this form and that the signature is for both a medical and liability release.

PERMISSION FOR TREATMENT AND DISCHARGE

The undersigned does hereby give permission to obtain necessary medical attention in case of illness, disease, accident, or injury for my child,

_____ (Participant's Name), while on this activity sponsored by the music program, Bolivar, MO. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision of any licensed health care practitioner or medical treatment facility. I, the undersigned, do hereby release, and forever discharge all staff member (employees) and sponsors (chaperones) and music program Bolivar, MO from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or inquiry while participating in this activity sponsored by the music program, Bolivar, MO. I further accept financial and physical responsibility for the return of my child, should the adult supervision find it necessary to send him/her/them home (as applicable). The music program will not be held responsible for anything that may happen as a result of false information given at the time of completion and notarization of this form.

SWIMMING PERMISSION: YES / NO (CIRCLE)

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

1. Please list family members who will be traveling to or from Florida apart from the bus. Include details:

2. Your email address: _____@_____.

3. Other Considerations?

4. List members of your family riding the bus to Disney:

5. List members of your family riding the bus back home from Disney:

_____ Students will be in groups while in the theme park. Check here if you require a chaperone to be with your child. This may require him/her to be in a separate group, away from friends.

_____ Once again, check here if the child listed above can swim in the ocean at Cocoa Beach. There will likely be no lifeguards. It was safe the last time we were there. We kept kids near the shore.

OTHER DETAILS (Keep This)

MEALS

Each person who paid for a meal plan (included in the student price) will have a \$50 debit card provided on June 4nd, June 5rd and June 6th. You will need to provide for these extra meals: Meals for June 1st, June 2nd and June 6th (travel night home). These will need to be provided through extra money. I would suggest separating meal money and discretionary money in envelopes. Students will need to protect their belongings and avoid leaving money in unsecure places such as the bus or in a bag. We will have money for students to borrow. This money will need to be paid back when we arrive home.

SUPERVISION

Students will be with a chaperone while on the beach on May 30th. On May 31st-June 2nd, students will be in student groups only while in the parks and will be expected to stay in the assigned park at all times. If a student is late for an assigned check-in time or skips to other parks, they then must stay with a chaperone from that moment forward until the trip is finished. Students **MUST** be on time every step of the way and must follow the final itinerary that is handed out the day of the trip. Students will not be allowed to travel outside the itinerary, even with parental permission. **ALL** students will follow the itinerary as a group. Students traveling with parents will have more freedom in this regard.

CHAPERONES

A large complement of chaperones will accompany the trip. If a chaperone has a complaint or concern, they should immediately contact Mr. Trew or Mr. McClard with this information 417-770-0150 (McClard), 417-770-7831 (DeClue) or 417- or 417-343-0656 (Trew). Parent Chaperones will not be in charge of disciplining students in any manner, but may request changes of behavior from any student.

FINAL COST FOR THE DISNEY TRIP

The final cost for the Disney trip will be determined shortly after or before April 15th, 2017. We may need to increase the cost by a percentage for everyone depending on how well we projected the original cost. So far, I think we are on track to keep the price the same. I will know for sure when we finish the final fundraiser in March.

PERFORMANCES

We **are** not marching at Disney in the parade. We will be performing the indoor, "You're Instrumental / Vocal" performance at Epcot.