

# MEDICAL RELEASE & PERMISSION TO TRAVEL FORM

Student Name \_\_\_\_\_ Student's Cell \_\_\_\_\_  
Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_  
Mom's Name \_\_\_\_\_ Mom's Cell \_\_\_\_\_  
Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

I would like my child to travel as a member in good standing of the Mitchell High School Band to Los Angeles, CA on February 10th-16th, 2021. I have viewed the payment schedule on the band website at: <http://www.mitchellband.org/2021-band-tour.html> and agree to bring/mail payments by dates specified or my child may not travel. I understand that if my child is on the failing list for any class, they can NOT travel to Florida. If my child has any out-of-school or in-school suspensions for discipline related reasons, it may make my child ineligible for this trip. I understand that if my child does not follow the Code of Conduct Policy 1071 (set by Mitchell High School and enforced by all extra-curricular activities) during the Los Angeles trip, my child will be sent home at my expense (this includes sneaking out of hotel rooms after curfew, behavioral violations in the park, etc).

As parents/guardians of the listed student below, I give the staff and chaperones of the Orlando trip permission to have our son/daughter treated by a physician in case emergency medical treatment is necessary. I understand that every effort will be made to contact our family physician or us in case an emergency arises.

In consideration of permitting my child to accompany the Mitchell High Band on a trip to Los Angeles from Feb. 10 to Feb. 16, 2021, I hereby agree to indemnify and save harmless the Mitchell Schools and Omanson Tour & Travel Inc, its teachers, agents, employees, and trip sponsors against any claims for damages, compensation, or otherwise on the part of said minor and his/her heirs, executors, or administrators as a result of injuries sustained by my child on this trip. I understand that this is an extracurricular music activity that is for the benefit of all of the students who choose to participate.

\_\_\_\_\_ Nothing has changed on the medication consent form from the marching band season. Please use that form to decide which medication to give to my son or daughter if needed while on trip.

\_\_\_\_\_ My child's medication consent or medical condition has changed. Please list changes below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be signed and returned to Mr. Stahle when the initial trip deposit is made on March 30th, 2020 before the student will be allowed to travel.

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

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