

Beauregard HS / Sanford MS Band Program
HEALTH, AUTHORIZATION, AND INDEMNIFICATION AGREEMENT
2022-2023

(Print all information clearly with a black ink pen and do not fold this form.)

School Attending / Grade

☐ Sanford Middle School
☐ Eighth Grade: BHS/SMS
☐ Beauregard High School
(Check Grade)

Student's Name: _____ **Date of Birth:** ____/____/____

Address: _____ **Phone No.:** (____) _____

Custodial Parent(s) or Legal Guardian(s) Name: _____

Home Phone No.: (____) _____ **Work Phone No.:** (____) _____

Cell Phone No.: (____) _____ **Cell Phone No.:** (____) _____

Does the child have a non-custodial parent or a joint custody situation? ____Yes____No

Name(s) of Non-Custodial Parent(s)/Guardian(s): _____

Explain and state the details/limitations surrounding the rights of the non-custodial parent if applicable (May we release the child to a non-custodial parent? Does the non-custodial parent have right to authorize treatment, etc.?)

In the event that a parent or legal guardian cannot be contacted in the event of an emergency, please list the person(s) that you would wish to be contacted.

Name: _____ **Relationship:** _____

Home Phone No.: (____) _____ **Work Phone No.:** (____) _____

PERSONAL HEALTH INFORMATION

List any specific health problems or medical conditions that said child currently has. Attach or include any instructions or other information pertinent to the condition that would be useful to healthcare providers or to those caring for your child.

List the name(s) of any medication(s) known to cause said child to have an allergic reaction. (Indicate N/A if none)

List any foods or other agents that are know to cause the said child to have or potentially have an allergic reaction. (Indicate N/A if none)

List any other information or comments concerning said child's health, etc. that might be of significance. (Indicate N/A if none)

On the Alabama State Department of Education School Medication Prescriber/Parent Authorization Form (attached to this document), list the name(s) and dosage(s) of any medication that said child is currently taking under the supervision of a medical doctor or other health professional including an Epipen or an Inhaler or any over the counter (OTC) medications your child takes regularly. (NOTE: You must provide all medications for your child.)

Beauregard High School / Sanford Middle School Band Program

Conditions of Participation

My signature below indicates that I understand and agree to abide by the following conditions of participation regarding any band rehearsal, performance, trip, activity, or other associated event conducted by the band programs at Beauregard High School and/or Sanford Middle School:

1. My child has my permission to attend and participate in all band functions for the current school year including all required or optional travel events.
2. I certify that my child is in good general health and that he/she is capable of meeting the physical demands of the marching and/or concert band program (*Note: Physical examinations are not required for band participation by any governing institution or body.*). I further certify that the health information presented on this form is accurate and inclusive of my child's current health conditions. I agree and understand that I need to report any changes in my child's health condition to the band director to include any significant illnesses or disease exposures that could pose a risk to other band members, directors, staff members, and/or parent volunteers. I agree to assume all risks, including any risks associated with any special medical needs or conditions of my child with regard to my child's participation in any band activity including any travel incident thereto.
3. I certify that I have personal means and/or health insurance/health plan reasonably sufficient to cover my child against injury and/or loss of life caused to my child or caused by my child in connection with participation in the Beauregard High School and/or the Sanford Middle School Band Programs. Further, I agree to provide a copy of my child's health insurance/ALL Kids card/information to the band director to be attached to this document.
4. I understand that my child will be transported to and from events on school system owned or approved charter buses, in a personal vehicle approved by the school and/or the school system, or with the child's custodial parent(s)/legal guardian(s). A school administrator therefore must approve any exceptions. Students are expected to travel to events with the band unless extenuating circumstances exist and prior arrangements are made in advance with the band director and/or a school or system administrator. I further agree that my child will attend events in their entirety (rehearsals/performances) before leaving unless extenuating circumstances exist and are approved by the band director or a school administrator in advance or during an emergency situation.
5. I understand that if my child is returning home or traveling elsewhere from an event with me (parent or legal guardian) that the child must be released by a chaperone (at the buses or other assigned/announced location) following the event. All students not returning from an event with the band must be signed-out using a standard release form signed by the parent or guardian assuming responsibility for the child. The band director and/or a school administrator or his/her designee reserves the right to refuse to release a child if circumstances deem such an action appropriate.
6. Students are expected to adhere to all school rules and policies in addition to specific band policies while engaged in a band activity. Failure to abide by these policies will be handled as a school matter, which may result in disciplinary action to include suspension or expulsion from the school and/or the band program.
7. If my child becomes involved in a criminal offense while engaged in a band activity, I agree to come and get the child immediately. I additionally recognize that it will be my responsibility to make any necessary arrangements with appropriate law enforcement personnel and/or other legal authorities.
8. I do hereby irrevocably consent to and authorize the use and reproduction of any and all photographs, likenesses, video recordings, audio recordings, and/or broadcast(s) by any means, and/or any other appropriate/approved electronic, print, or other media which has been taken of my child for any legal purpose(s) whatsoever without compensation or the need for additional release documentation and/or permission by the Lee County School System including any of its institutions and/or agents, and/or any applicable institutions, individuals, or agents authorized by the Lee County School System either directly and/or implied. I further acknowledge that any such images/recordings are the sole and exclusive property of the Lee County School System including any of its institutions and/or agents and/or any applicable and appropriate institutions, individuals, and/or agents authorized by the Lee County School system either directly and/or implied.
9. I realize that my child may not be directly supervised (indirect supervision) at all times; therefore, I agree to hold harmless the band director, the school system and all involved agents in the event of all foreseen and unforeseen illnesses, bodily injuries, and/or loss of life, damage to property, or other consequences which may be sustained or caused by the student or lack of direct supervision or of said child to adhere to rules, schedules, and regulations. (*Note: Indirect supervision is defined as being a situation when your child is in a reasonable position of supervision by school personnel and/or other adult staff members/chaperones who share in the responsibility of supervising your child when the child is not in the direct field of vision of a supervising adult. Examples include but are not limited to the following: leaving a classroom or supervised area to use the restroom, when your child walks into an equipment storage room not in the direct field of vision of a supervising adult, or at times when your child is participating in events, or school and/or non-school activities where he/she is afforded the opportunity to move about in a reasonably supervised area, but he/she is not in the direct vicinity or field of vision of a supervising adult, etc.*)

Acceptance of the Conditions of Participation / Conditional Power of Attorney

In the event of a medical emergency, I, _____ (print parent's or legal guardian's name) give Mr. John M. Hillsman, Band Director Beauregard High School / Sanford Middle School Band Programs in Lee County School System located in Opelika, Alabama, or another responsible adult representing his/their interest (an adult in possession of this form) the power of attorney to authorize medical treatment for my child,

_____ (print student's name) while he/she is engaged in any band activity if I am unavailable for contact or if a medical facility requires an individual present to authorize.

Further, I hereby agree to the Conditions of Participation and the Conditional Power of Attorney as stated above.

Parent's or Guardian's Signature

Print Name

Date

(Do not write in the area below. For notary use only.)

Notary's Signature

Date

My Commission expires: ____/____/____

SEAL