

Chantilly High School
Music Department
4201 Stringfellow Rd., Chantilly, VA 20151

Dear Parents,

Our music students take many field trips throughout the school year. In order to minimize paperwork, this permission slip will suffice for emergency care for the entire year. However, additional permission to attend certain other trips may be necessary. A notice concerning details of each trip will be sent home prior to the trip.

This form will authorize that, in an emergency, the teacher in charge, or his designee, has my permission to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child. I will not hold the school, the Fairfax County School Board, the teacher or his designee liable for any bodily injury that might occur through an accident while on the trip. I agree that my child will comply with all reasonable requests by the teachers or chaperones.

This form must be signed by a parent/guardian and returned to the teacher before a student may fully participate in music activities. It is acknowledged that in cases, other than the need for immediate emergency treatment, the attending physician may defer treatment, pending the parent's express permission to administer professional services.

Fairfax County Public Schools
Chantilly High School Music Program
PERMISSION FOR EMERGENCY CARE

Name of pupil _____ Date of birth _____ (MM/DD/YYYY)

Name of parent _____ Address _____

City, ST ZIP _____

Home phone (____) _____ Business phone (F) (____) _____ (M) (____) _____

Emergency contact name _____ Phone (____) _____

Did student purchase school insurance? Yes _____ No _____ If yes: Regular _____ 24-hour _____ Athletic _____

Parent or guardian insured name _____ Company/Policy # _____

The school has my permission to call another physician in an emergency when family physician or I cannot be reached.

Name of family physician _____ Phone (____) _____

Other physician suggested _____ Phone (____) _____

Allergic to medication/other (Specify) _____

Is the pupil under physician's care for health needs on an ongoing basis? Yes _____ No _____

Is pupil on medication on a continuing basis? Yes _____ No _____

The school has my permission, in an emergency, when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.

Signature of parent _____

Date _____

Thank you,
The Chantilly High School Music Department