

FIELD TRIP AUTHORIZATION-TO BE RETURNED BEFORE OR ON FIRST DAY OF CAMP

I, the undersigned, authorize my child, _____, to participate in the following field trip or activity sponsored by Gilman School:

Activity: Gilman School Drumline Camp

Date(s) of Activity: June 12-16 and June 19-23, 2017 from 8:30 a.m.-noon

Faculty Contact for Trip: Eric Marnier

Cell Phone: 443-277-0326

Liz Sesler-Beckman

Cell Phone: 410-236-0226

I understand that this trip will be under the direct supervision of a faculty member(s) of Gilman School. The activity will take place at the Gilman Middle School.

I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

I further agree to release, hold harmless and indemnify Gilman School its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence or willful misconduct by the school, or its agents, representatives, or employees.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ My child must have prescription or over-the counter medication available to him while at the event for: _____ (asthma, diabetes, etc.).

- The medication needed is: _____
(inhaler, Epi-pen, antibiotics, etc.)
- I understand that I must contact the Gilman School Health Center to make arrangements for this medication to be available at this camp.**

_____ My child does not need medications at the camp.

Signature:

(Parent or Guardian)

(Date)

SIGN-UP FOR DRUMLINE CAMP 2017:

STUDENT NAME: _____

STUDENT AGE: _____ STUDENT GRADE (as of September 2017) _____

PARENT NAME: _____

EMAIL ADDRESS: _____

PARENT HOME PHONE: _____

PARENT CELL PHONE: _____

STUDENT CELL PHONE: _____

Please list any previous percussion studies:
