

### **Performing Arts Trip Behavior Contract**

\_\_\_\_\_ (student's name) will be traveling to San Diego, California on April 10<sup>th</sup>-13<sup>th</sup>, 2014 with Queen Creek High School Orchestra. We understand the Queen Creek High School policies of student behavior (as stated in the student handbook) are in effect during this trip. Should \_\_\_\_\_ (student's name) violate these policies, (example: smoking, drugs, alcohol, being in a room of the opposite sex) he/she will be sent home. These policies and procedures will be in effect at all times during the trip, from the time of arrival at the High School on April 10<sup>th</sup> until pickup from the High School on April 13<sup>th</sup>. I, \_\_\_\_\_ (parent's name) accept financial responsibility for his/her immediate return if policies are not followed or behavior is inappropriate.

This form must be signed and returned in order for your student to participate.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM BY MONDAY, MARCH 31, 2014**

**Medical Information Form**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Parent Cell Phone No. \_\_\_\_\_

Business phone where parents can be reached:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Any alternative ways to contact parent in case of emergency \_\_\_\_\_

List the name and phone of two parties that can be called if the parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your student have any medical condition or is he/she under medication that we should know of? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please explain

\_\_\_\_\_

Please list all medications \_\_\_\_\_  
(Students are to turn in all medications to the trip sponsor before leaving on the trip!)

Student's Blood Type \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of a medical emergency, I authorize the school sponsors to make the necessary decisions for the safety of my child's health.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

(Some medical facilities will not admit a student without a notarized medical release).