

CONSENT TO PARTICIPATE
duPont Manual HS Bands
Orlando, FL
Walt Disney World Resorts
POWER OF ATTORNEY

BE IT KNOWN BY THESE PRESENT, that I the undersigned, _____ and _____, parent/legal guardian of _____, do hereby consent that said child may accompany the duPont Manual High School Band on an educational field trip and performance tour to Orlando, FL from January 17, 2019 through January 21, 2019 and take part in all functions and performances of the band and other aspects of said trip.

Be it further known that I do hereby make, constitute, and appoint Jason Gregory my true and lawful Attorney-in-Fact for me and my said child in my name, place and stead as follows: I grant to Jason Gregory, as my said Attorney-in-Fact, full authority to take whatever action he feels is warranted under the circumstances regarding my child's health, safety, and welfare. This authority will permit Jason Gregory, at his discretion, to place my said child, at my expense, in a hospital at any point for medical services and treatment, or to place my child in the hands of a medical doctor for examination and treatment. Jason Gregory is further authorized to send my child back to Louisville, Kentucky by air or other transportation deemed necessary by the attending physician.

Jason Gregory shall also have the right to discipline my said child within the guidelines of JCPS and/or terminate my child's participation in the trip for failure to maintain program standards or if he deems the acts or conduct of my child to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the group as a whole. If my said child's participation is terminated, Jason Gregory shall have the right to send my child home at my expense.

This power of attorney shall be in full force and effect throughout the period covered by the trip and for any additional time necessary to accomplish its purpose.

I give and grant to our said Attorney-in-Fact above named full power to do every act necessary to be done in the premises as fully as I might or could do if personally present, with full power of substitution, hereby ratifying and confirming all that my said Attorney-in-Fact or his substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, we have hereunto set our signatures this ____ day of _____, 2019.

STATE OF KENTUCKY - JEFFERSON COUNTY, SS:

Before the undersigned, Notary Public of said County and State, this ____ day of _____ 20____, personally appeared the within named _____ and _____ and acknowledged the execution of the foregoing consent and power of attorney.

My commission expires:

Date

Notary Public

**DUPONT MANUAL HIGH SCHOOL
DEPARTMENT OF BANDS**

INDIVIDUAL MEDICAL INFORMATION

Student's Name _____ Birthdate _____

Address _____ Home Phone No. _____

Business/Cell phone where parents can be reached: Mother _____

Father _____

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

Name _____ Phone No. _____

Name _____ Phone No. _____

Doctor's Name _____

Office Phone No. _____ Date of last tetanus shot _____

Does your child have any medical condition or is he/she under medication that we should know of?

No ___ Yes ___ If yes, please explain _____

Allergies _____

Insurance Company _____ Policy Number _____

Insurance Company Address _____

In case of a medical emergency, I authorize the school sponsor or other school official to make the necessary decisions for the safety of my child's health.

Notary _____ Father _____

Date _____ Mother _____

Guardian _____

Jefferson County Public Schools

Field Trip Permission and Release

This Section to Be Completed by the School

School Name: duPont Manual High School

Destination: Orlando, FL.

Dates of Trip: January 17 through January 21, 2019

Method of Transportation: JCPS School Bus Common Carrier Private Auto

If overnight, specify housing arrangements: Students will stay two nights at the Caribbean Beach Resort Disney Properties in Orlando, FL. We will travel via 2 Miller Transportation Motorcoaches.

This Section to Be Completed by the Parent/Guardian

I, the parent/guardian of _____,
(Student's Name)
to participate in the above-named field trip.

In consideration of the advantages of this field trip, I agree to release, indemnify, and hold harmless the Jefferson County Board of Education, its agents, and employees from liability for bodily injury or property damage that might occur during this trip.

Name of Parent/Guardian: _____

Emergency Contact Number: _____

Signature: _____

Date: _____



DUPONT MANUAL HIGH SCHOOL
DEPARTMENT OF BANDS

DECLARATION OF KNOWLEDGE

Also, each participant must sign and return this *Declaration of Knowledge* form stating that you read and understood all the information regarding the duPont Manual HS Bands 2019 Orlando, FL. trip and that you agree to all the information, commitments, and rules.

NAME OF STUDENT PARTICIPANT: _____

STUDENT PARTICIPANT SIGNATURE: _____

DATE: _____