MUSSELMAN HIGH SCHOOL BAND LIABILITY AND EMERGENCY: TRAVEL-MEDICAL CARE FORM 2026-2027

Musselman HS Band Boosters, Inc.
PO Box 1223, Inwood, WV 25428
musselmanband@gmail.com

MUSSELMAN HIGH SCHOOL BAND LIABILITY AND EMERGENCY MEDICAL CARE FORM 2026-2027

This form must be completed and signed by a parent or legal guardian. Please print or type all the information clearly. All information provided is confidential and will only be shared with Musselman High School Band and Boosters Incorporated and medical personnel on a need-to-know basis. Fully completed and signed forms may be dropped in the white drop box located in the band room or emailed to the band director: mknepper@k12.wv.us

Parent/Guardian - Caregiver Authorization for Student to Participate

I, the parent or legal guardian of_____ (my child), understand that my child will be supervised by designated chaperones while traveling and performing with the Musselman High School Band, and that reasonable safety precautions will be taken. I acknowledge that my child is responsible for their personal belongings, and I release Musselman High School Band and Boosters, Inc. (MHSB&B, Inc.), including its officers, staff, chaperones, and volunteers, from any liability for the loss of personal property that may occur during these activities. I give my full permission for my child to participate in all related events and performances with my knowledge and consent

Signature of Parent/Guardian _____ Date. _____

Parent/Guardian - Caregiver Authorization for Photo Images and/or Video Footage

I, the parent or legal guardian of _____ (my child), grant permission to Musselman High School Band and Boosters, Inc. (MHSB&B Inc.) to use photographs and/or video recordings of my child for educational, promotional, presentation, recognition, or celebratory purposes. I understand that MHSB&B Inc. may edit video footage or select specific photographs as needed and may publish these materials in print, digital, social media, website, or other media formats. I acknowledge that these materials may be publicly displayed and distributed, and I understand that no monetary compensation will be provided for their use. By signing below, I release MHSB&B Inc. from any claims related to the use of such band footage, photographs, or video recordings.

Signature of Parent/Guardian _____ Date. _____

Parent/Guardian Authorization for Emergency Medical Treatment

I, the parent or legal guardian of _____ (my child), authorize Musselman High School Band and Boosters Inc. (MHSB&B Inc.) to obtain medical care for my child if needed. In the event of a medical emergency, and if I cannot be reached, I give permission to a licensed healthcare provider or accredited hospital to perform any necessary x-rays, medical treatment, or surgical procedures. I understand that I am responsible for the cost of any such care. For safety reasons, I also give MHSB&B Inc. permission to share relevant medical information about my child with band instructors/teachers on a need-to-know basis. I release MHSB&B Inc., its employees, and representatives from any liability related to obtaining medical care for my child. This authorization is valid from July 1, 2026, through June 30, 2027, unless I revoke it in writing and deliver it to MHSB&B

Signature of Parent/Guardian _____ Date. _____

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MUSSELMAN HIGH SCHOOL BAND EMERGENCY INFO6

Child: Last Name	First Name	Middle	Birth Date	Grade
Home Address	Phone		Email	
Parent/Guardian Names: (Please list names)				
Email	Phone		Alt. Phone	
Email	Phone		Alt. Phone	
Emergency Contact Other Than Parent/Guardian Name:				
Email	Phone		Alt. Phone	

Medical forms for medications, food allergies, and diabetic care are available online at www.berkeleycountyschools.org. Please visit the Berkeley County Schools website to access and complete the appropriate medical forms for your child. All completed forms must be submitted to the school nurse, who will ensure that the necessary accommodation is provided.

List Medical Conditions	
List Medications Taken On A Regular Basis	
List Allergies- Food Or Other	
Other- If more room is needed, please attach a separate sheet with info.	
Activity Restrictions	Date of Last Physical
Medical Insurance Provider	Policy Number/Name of Policy Holder
Dental Insurance Provider	Policy Number/Name of Policy Holder

I understand that Musselman High School Band and Boosters Inc. (MHSB&B Inc.) does not provide insurance coverage for medical injuries or liability related to student participation. I affirm that the above-named student is covered by personal insurance, and I confirm that all information provided on this form is accurate and truthful.

Signature of Parent/Guardian _____ Date. _____