



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

MUSSELMAN HIGH SCHOOL BAND LIABILITY AND EMERGENCY MEDICAL CARE FORM 2023-2024

This form must be completed and signed by a parent/legal guardian. Please print or type ALL the information. All information is CONFIDENTIAL and will only be disclosed to Musselman High School Band and Boosters Incorporated and medical personnel on a need-to-know basis. ONLY ORIGINAL, SIGNED FORMS will be accepted per school administration. Electronic forms will no longer be allowed. Fully completed, signed forms may be dropped in the white drop box located in the band room.

I, the parent or legal guardian of _____ (my child), have discussed with our child his/her participation in the Musselman High School Band and related activities and hereby give my permission for him/her to participate. (He/she has assured me that he/she will conduct himself/herself in such a manner that credit will be reflected on the band, the school, and the community that he/she represents.)

I understand that students will have designated chaperones while they are traveling and performing with the Musselman High School Band, and that normal precautions will be taken for their safety. I understand that liability for loss of personal property can solely lie with my child while he/she is involved with this activity. I hereby release the Musselman High School Band and Boosters Incorporated (hereinafter referred to as MHSB&B Inc.), its officers, sponsors, chaperones and other agents from any liability, which might result in connection with this activity, or from any loss of personal property, which might result during an event or performance. My child is being permitted to participate with my full knowledge and consent.

Parent/Guardian - Caregiver Authorization for Student to Participate

Signature of Parent/Guardian _____ Date. _____

I, the parent or legal guardian of _____ (my child), hereby give my permission to use photos and/or video footage of my child for educational, presentation or celebration purposes. I understand that MHSB&B Inc. has permission to edit video footage or select photos. I am willing to release said photos and/or video footage into the public domain and understand that no monetary compensation will be given for the use of the materials.

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

Signature of Parent/Guardian _____ Date. _____

I, the parent or legal guardian of _____ (my child), authorize MHSB&B Inc. to obtain medical care for my child in the event such care is necessary. In case of a medical emergency and an inability to contact me, I hereby give permission to a licensed health care provider or an accredited hospital facility to perform any x-ray, medical and/or surgical procedure essential for the treatment of my child and I agree to be responsible for payment for such care. For safety reasons, I give MHSB&B Inc. permission to share pertinent medical information of my child with teachers and/or chaperones on a need-to-know basis. I release MHSB&B Inc. and its employees and representatives from any damages, liability, or loss resulting from their securing medical care for my child. *This authorization shall remain in effect from June 1, 2023, until May 31, 2024, unless sooner revoked in writing and delivered to MHSB&B Inc.*

Parent/Guardian Authorization for Emergency Medical Treatment

Signature of Parent/Guardian _____ Date. _____

Sign Below ONLY If You Decide To DECLINE To Sign The Medical Release

I, the parent or legal guardian of _____ (my child), have been offered the opportunity to authorize emergency medical care as set forth above and DECLINE to authorize said emergency medical care without my approval; and accept such complications that may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Signature of Parent/Guardian _____ Date _____



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MUSSELMAN HIGH SCHOOL BAND EMERGENCY INFO 2023-2024

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		

There are medical forms online for medications, food allergies and diabetic orders at www.berkeleycountyschools.org.

Please see the Berkeley County Schools website for the appropriate medical forms needed for your child. Completed forms must be submitted to the school nurse and she will make the necessary accommodations.

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 MHSB&B Inc. does not carry coverage relative to medical injuries or liability to the student. I hereby affirm that the above-mentioned student has insurances and the above-mentioned information is true.

Signature of Parent/Guardian _____

Date. _____