



RETURN

MEDICAL TREATMENT INFORMATION

Dear Parent/Guardian:

It is **mandatory** for all band members to have a completed and signed permission slip on file **before** the first day of camp your student attends, whether it is Color Guard or Band Camp. Complete the information below.

Medical Information & Permission to Treat

Name _____ DOB _____		Allergies
Please list any medical concerns (Asthma/ADHD/Heart Conditions, etc) _____ _____ _____		1 _____
		2 _____
		3 _____
		4 _____
		5 _____
Medications (Please provide the Name of the medication, dose, and when it is to be taken)		Please note that only controlled medications will be administered by FCPS staff. All other medications will be self-administered by the student and all proper medication authorization forms must be on file with the PLD School Nurse
1 _____ 5 _____		
2 _____ 6 _____		
3 _____ 7 _____		
4 _____ 8 _____		
Parent Name _____ Phone Number _____		
Emergency Contact _____ Relation _____ Phone Number _____		
Emergency Contact _____ Relation _____ Phone Number _____		

I authorize any certified medical personnel to proceed with emergency medical treatments including x-rays, anesthesia, surgical operations, etc. in the case of an accident or health emergency involving _____, knowing the director or a chaperone will contact me as soon as possible. I understand that no one connected with the Paul Laurence Dunbar High School or the Paul Laurence Dunbar High School Band Parents Association assumes liability for any injury incurred by the participant. I also understand that any and all necessary treatment(s) shall be at my expense and I agree to pay all medical costs incurred by my child including hospital bills, physician fees, and ambulance fees.

Parent/Guardian Signature _____ Date _____

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street

Lexington, Kentucky 40502

(859) 381-4100

PARENTAL PERMISSION FOR EXTRA-CURRICULAR ACTIVITY/

STUDENT TRANSPORTATION

22-23 School Year

This form is used to establish formal parental permission for student transportation.

I, _____, parent/legal guardian of _____, hereby grant permission to Fayette County Public Schools to transport my child to the activities listed on the PLD Band activity schedule. My child participates in the extra-curricular activities of Paul Laurence Dunbar High School Band. I acknowledge the activity schedule denotes the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded. In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation is noted on the activity schedule. By signing this form I am acknowledging and agreeing to the mode of transportation to be used. I do further certify that I am of full legal capacity to execute this authorization.

Date: _____

PARENT/LEGAL GUARDIAN

Updated 5/2022 by PLD VP:Membership

FCPS 11/06
