

**WASHOE COUNTY SCHOOL DISTRICT  
EMERGENCY INFORMATION FORM**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular Phone number(s) \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_

Father's Business Phone \_\_\_\_\_

Two persons you recommend we call in the event you cannot be reached:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Preference of physicians: (Please include name, telephone number and address.)

1.	_____	_____	_____
	Name	Phone	Address

2.	_____	_____	_____
	Name	Phone	Address

Preference of Hospital: \_\_\_\_\_

Medical history and physical limitations or problems that should be known by the coach:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH/ACCIDENT INSURANCE:** I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

As parent/legal guardian, I authorize and direct WCSD to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release WCSD, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

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

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

Date \_\_\_\_\_

Date \_\_\_\_\_

# CONSENT FORM

Robert McQueen High School Band  
6055 Lancer Street  
Reno, NV 89523

I, \_\_\_\_\_, the undersigned Parent or Guardian of \_\_\_\_\_, a Band Member, hereby give my consent and approval for said Band Member to participate in all Band Trips and Functions of the Robert McQueen High School Band for the 20\_\_\_ / 20\_\_\_ school year.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Parent or Guardian Printed

\_\_\_\_\_  
Parent or Guardian Signature

I consent to the McQueen Band and /or School and/or District's use of my child's photograph, voice and/or name in various media projects including, but not limited to, yearbook, class composite picture, television, radio, newspaper, and internet (social media).

McQueen Band Website is public, McQueen Band FaceBook page is a closed group.

Student Name: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Parent or Guardian Printed

\_\_\_\_\_  
Parent or Guardian Signature



Administrative Form 5308

## STUDENT TRAVEL (FIELD & ACTIVITY TRIP) AND ACTIVITY WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of (student name) \_\_\_\_\_ . On (date) \_\_\_\_\_ ,  
(school/dept/class) \_\_\_\_\_ will be participating in a field/activity trip to \_\_\_\_\_ .  
Transportation to the field/activity trip will be provided by (school bus/charter bus/approved driver in private vehicle/foot, etc.) \_\_\_\_\_ .

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

I hereby **consent** to my child/ward (name) \_\_\_\_\_ participating in this field/activity trip and I acknowledge that I have reviewed and understand the above.

**OR**

I hereby **decline** to allow my child/ward (name) \_\_\_\_\_ to participate in this field/activity trip.

Date \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

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