

Parental Permission for Son/Daughter to Attend Festival Disney Trip to Orlando on Saturday, May 1st, 2010 with Chaperones from Alachua County Youth Orchestra, Inc. (PLEASE FILL OUT A FORM FOR EACH STUDENT IN ACYO AND RETURN TO MR. LANGFORD BY SUNDAY FEBRUARY 28th)

My son/daughter, _____ has permission to travel with the Alachua County Youth Orchestra to Disney World in Orlando, Florida on Saturday May 1st, 2010 by bus to participate in the Festival Disney music adjudication event, including visiting Disney Amusement parks. I understand that my son/daughter will travel by bus from Gainesville early in the morning with adult chaperones representing Alachua County Youth Orchestra, Inc. and will return with ACYO by bus that evening to be picked up from the designated location by parents or guardian. Costs of admission and travel will be covered by ACYO; students will be responsible for other expenses. I will not hold the adult chaperones or ACYO, Inc. responsible for any accident or injury to my child. In the event medical treatment of my child is needed, I consent for a physician or hospital staff to give emergency treatment of any injury or illness.

My son/daughter is covered under the following Health Insurance Plan: _____ member number _____, phone _____. A photocopy of the Health Insurance card indicating coverage for my child is stapled to this form, along with a photocopy of a school ID or passport or other document showing a picture of my son/daughter.

I understand that my child is responsible for taking any required medications and avoiding any foods or beverages to which they are known to be allergic.
Is your child allergic to any medications that might be needed? Yes___ or No___ (check one)
If Yes, please list any medications to which child is allergic _____

Does your child have any special medical conditions of which medical personnel should be aware? No ___ Yes ___ If yes, please identify the conditions _____

Parent/guardian phone numbers are:

Home: _____ Work: _____

Cellular: _____ Other: _____

Does your child have a cell phone? No ___ Yes___ If Yes, please list number _____

Emergency contact if parent or guardian can't be reached: _____

Phone: _____

Parent/Guardian Name: _____

Parent or Guardian's Signature: _____

Date: _____