



# Vienna Summer Band Camp

## Emergency Care and Student Agreement Form

Students' Name \_\_\_\_\_ Instrument \_\_\_\_\_  
Last First Middle

Parent/Guardian Name \_\_\_\_\_ Home Tel \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

List 2 persons who can be contacted in an emergency if the parent/guardian cannot be reached:

1. \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

List any medical conditions, such as allergies, asthma, etc., for which your child receives care, and any medication which your child regularly takes: \_\_\_\_\_  
\_\_\_\_\_

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### STUDENT AGREEMENT

In order to ensure that the Vienna Summer Band Camp is an enjoyable and educational musical experience for all students, it is necessary for each student to accept the responsibility for his/her behavior and to participate in an acceptable manner. Students must attend all classes while in the building and are not to leave the school grounds. Areas of the school which are not in use by the camp are off limits to all students. Failure to adhere to these rules and to follow regulations as established by the Vienna Band Camp staff will result in dismissal from the camp.

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

### PARENTAL PERMISSION FOR EMERGENCY CARE

The camp has my permission to seek emergency care for my child at the nearest hospital when I or my physician cannot be contacted. The hospital and its medical staff have my authorization to provide any treatment which a physician deems necessary for the well-being of my child.

I understand that the camp will provide adequate supervision during the operating hours of the camp and will provide full accident insurance for my child while in camp. I will not hold the camp or the Fairfax County School Board liable for bodily injury that might occur through accident while my child is at the camp beyond the limits of the camp insurance carried for such injury.

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