

**WAIVER OF LIABILITY FORM**  
**Smyrna High School Band Camp August 2011**

I, \_\_\_\_\_, do hereby release, remiss, waive, surrender, and forever discharge Delaware Hospital for the Chronically Ill (DHCI) and the State of Delaware together with all their officers, agents, officials, and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any injury, illness, loss or damage, including death, related to or caused by participation in the use of grounds located behind the Candee Building at DHCI, whether caused by negligence of DHCI or the State of Delaware or otherwise.

Students Name: \_\_\_\_\_

Parent and/or Legal Guardian Signature: \_\_\_\_\_

Parent and/or Legal Guardian Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

**Smyrna High School**  
**Regiment of Red**  
**Permission/Medical Form**  
**Medical Information**  
Please Print everything!

Students Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street \_\_\_\_\_

City/ State /Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of an emergency, I hereby give Jessica Ganska of Smyrna High School, Smyrna, Delaware, permission to administer first aid to my child and authorize her to sign permission for medical treatment, if necessary, at any hospital or medical treatment center. In the event that Ms. Ganska cannot be located, permission is also granted to the chaperones or music boosters of Smyrna High School to administer first aid to my child and to authorize medical treatment, if necessary, at any hospital or medical treatment center. I understand that they are acting in the best interests of my child and I will abide by their decisions. In accordance with the decisions made by the above-mentioned people, I will not hold them responsible for any decisions they make.

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

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

Student's Date of Birth \_\_\_\_\_

Date of Student's most recent Tetanus \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone Number of Insurance Company \_\_\_\_\_

Please list two people who may be contacted in the event that we are unable to contact the Parent or Guardian.

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical Information

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

Please list medication *of any type* that your child may be taking on this trip: (Advil, Tylenol, Pepto, Etc.)

Please list any allergies or substances that your child is allergic to:

Please list any medical condition that we should know about.

**Please list any medical information that might be of any use in an emergency. Remember – in this situation there is no trivial information. Do not hesitate to put down any information, which may be of use in an emergency. These forms will be carried by Ms. Ganska and will only be available to her or the medical staff.**

## Permission Forms

\_\_\_\_\_  
Student's Name (Please Print)

Has permission to travel with the Smyrna High School Band on all trips and functions during the 2011-2012 school year.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature