



LJHS Chorus Emergency Contact Information

2021.2022

Student Information

First/Last Name _____
Nickname _____ Birthday _____
Home Address _____
Home Phone _____ Student E-mail _____

Parent/Guardian Information

1) Parent/Guardian

First/Last Name _____
Work Phone _____ Home Phone _____
Cell Phone _____ E-mail _____

2) Parent/Guardian

First/Last Name _____
Work Phone _____ Home Phone _____
Cell Phone _____ E-mail _____

Emergency Contact Information

1) Relationship to student _____

First/Last Name _____
Work Phone _____ Home Phone _____
Cell Phone _____ E-mail _____

2) Relationship to student _____

First/Last Name _____
Work Phone _____ Home Phone _____
Cell Phone _____ E-mail _____

Medical or Special Care Information

My child has the following medical conditions or allergies - _____

My child is on the following medications - _____

My child needs to following treatment or care - _____

Any other information the director should know about my child - _____

I am signing below that the information on this page is accurate and the people on this form may be contacted in case of emergency during any/all LJHS Chorus activities and events.

Parent/Guardian Signature _____

Date _____



Lakeside Jr. High Chorus Parent Initial Form 2021.2022

The Lakeside Jr. High Chorus tries to be as “paperless” as possible. This parent initial ensures that you have been to the following sites and received valuable chorus information. Please check-off, sign below, and return to Mrs. DuChemin.

CHORUS WEBSITE

www.ljhschorus.weebly.com

This is where you will find our calendar, handbook, and much more. This is also where students can find concert videos.

Please initial here that you have visited the chorus website. _____
initial here

CHORUS CALENDAR

The calendar is on ljhschorus.weebly.com

You can sync this calendar with your own google calendar or on your cell

www.tinyurl.com/ljhschoruscalendar

Please initial here that you have found our chorus calendar. _____
initial here

CHORUS HANDBOOK

You can find the handbook on the chorus website.

www.ljhschorus.weebly.com/handbook.html

Please initial here that you have read the chorus handbook. _____
initial here

CHORUS EMERGENCY CONTACTS SHEET

This sheet is attached. It accompanies us on ALL chorus trips.

Please fill it out and turn it into Mrs. DuChemin ASAP

Please initial here that you have filled out the emergency contact sheet. _____
initial here

Student Name: _____

Parent Signature: _____

Date: _____

**Off Campus School Activity Parent/Guardian Consent and Release Form School
District of Clay County**

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity acknowledging the method of transportation will be School Bus, Charter Bus, or a Private Vehicle as scheduled and announced.

Name of Student: _____ D.O.B. _____

Activity: Lakeside Jr. High Chorus Date of Activity: Any/All from n 2021 June 2022

Location: Various as Scheduled Teacher/Sponsor: Michelle DuChemin

Motor Vehicle Insurance:

I/We understand that under present "no fault" motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self-insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my /our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved, I/We release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward [Parent, Guardian, Student Initial acknowledgement of this page: _____] should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein, *(please detail existing conditions on reverse)*

I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE

Parent/Guardian – Signature _____ Parent/Guardian – Signature _____

Parent/Guardian – Print Name _____ Parent/Guardian – Print Name _____

Student (Patient) – Print Name _____ Date _____

Student (Patient) – Signature _____

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!

This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the schools attention. Please feel free to call the school in advance of any activity to discuss any concerns or specific health problems.
