

# The Bands of Mount Tabor

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## The Marching Spartans

### 2024 Travel Permission & Medical Release Form

This form is required for all student members.

I, the undersigned parent/guardian, give permission for my child, \_\_\_\_\_,  
to participate in and travel with the Marching Spartans during the 2024-2025 school year.

I authorize the above named student's teacher, Rebekah Psihountas, an adult in whose care the minor child has been entrusted (or her agents) to perform any acts which may be necessary or proper to provide for the health care of the minor child including but not limited to the power:

- to provide and perform minor first aid, including administration of over-the-counter medications except as indicated on the 'Essential Medical Information Form'.
- to provide for such health care at any hospital or other health institution or the employing of any physicians, dentists, nurses or other persons whose services may be required for such health care.
- to consent to and authorize any necessary health care, including the administration of anesthesia, x-ray examination, performance of operations and other procedures by physicians, dentists and other medical personnel except withholding or withdrawal of life-sustaining procedures.

This consent shall be effective only during trips taken by the Marching Spartans. By signing below, I indicate that I have the understanding and capacity to communicate health decisions and that I am fully informed of the contents of this document and understand the full import of this grant of powers to the agent named herein.

I agree to accept responsibility for and pay to any medical and/or hospital fees or charges for emergency medical care authorized by the faculty sponsor in an emergency. I further agree to indemnify and hold harmless the student's teacher, his agents, volunteer chaperones, the Winston-Salem/Forsyth County Board of Education and its agents, employees and representatives from and against any and all claims, suites or causes of action which I or my child may have or claim to have for any injuries arising from, out of, during or in connection with my child's participation in The Marching Spartans and all travel involved or the rendering of emergency medical care or treatment, except for injuries caused by gross negligence or intentional wrongdoing.

*Print* student's name here: \_\_\_\_\_

*Print* parent or guardian's name here: \_\_\_\_\_

*Signature* of parent or guardian here: \_\_\_\_\_

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