



BEAVERTON JR/SR HIGH SCHOOL

3090 Crockett Road • Beaverton, MI 48612 • Phone: (989)246-3010 • Fax: (989)246-3366

Ryan Roberts, Principal
rproberts@beavertonruralschools.com

Jennifer Johnston, Assistant Principal/Athletic Director
jjohnston@beavertonruralschools.com

Permission and Medical Treatment Authorization Form Beaverton Music Department

Members of the Beaverton Bands, Choir, and Color Guard travel several times throughout the school year. The majority of these field trips will be via school bus transportation and can be found in the music department handbook and/or class syllabus. In the event of an accident or illness requiring medical treatment while in attendance at one of our many events, the undersigned parent/guardian authorizes the Beaverton School Personnel to procure suitable medical treatment for the below signed student. I will provide payment of those costs on behalf of the named student. I also expect the Beaverton School Personnel to contact me by telephone at the numbers provided below, as soon as possible, if medical services are necessary. Said Parent/Guardian may revoke this permission form at any time throughout the year in writing to the school office personnel.

Name of Student _____ Date of birth _____

Address: _____
Street City Zip code

Home phone: _____ Work phone: _____ Cell phone: _____

Please list any medications or physical limitations:

Parent/Guardian Signature

Student Signature

Advisory/Director Signature

Principal Signature

Insurance Company

Policy #



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