

Keystone String Fest Application 2027

Student Name _____ Grade _____

Street Address _____

City _____ State PA Zip Code _____ Phone _____

Name of School _____

Director _____ Instrument _____ Part _____

Permission is granted for my child to participate in the Keystone String Fest at Somerset High School on Wednesday, January 20, 2027 (Snow date - Thursday, January 21). **I will not hold the local school district, the host school, or the orchestra directors responsible for any unforeseen accident or illness.**

The Keystone String Fest does **not** provide any medical/hospital insurance for students attending the festival. The host school for the festival does **not** provide any medical/hospital insurance. **Your signature verifies that your child is covered by medical insurance or that you will cover the cost of any medical expenses incurred by your child during the festival if your child needs medical attention.**

Your signature also verifies that you will not hold the local school district, the host school, or the orchestra directors responsible for damage to your child's instrument. Instruments should be placed in hard cases when not in use. You are advised to check your insurance policy to make sure that your child's instrument is covered in case of damage.

Students must participate in the complete festival program. Students must stay at the festival throughout its duration, starting with registration and concluding with the formal concert.

Parent Signature _____ Date _____

Student Code of Conduct

I agree to abide by the following rules and any future rules that may be adopted by the directors while I am participating in the Keystone String Fest:

I agree to the following:

- To conduct myself in an appropriate manner and to use good judgment at all times.
- Not to use or possess illegal substances including cigarettes/drugs/alcohol or weapons.
- Not to be involved in theft or vandalism.
- To be respectful and careful of other students' instruments and equipment.
- To be respectful of the host school's auditorium/facilities/equipment.
- To follow rules and guidelines established by the host director/host school/guest conductor.
- To report any accidents or injuries to a director immediately after they occur.

I understand that participating in this festival is a privilege, and that any violation of these guidelines could cause me to be dismissed from this festival.

Student Signature

Parent Signature

Date

Medical Information

Student Name _____ Date of Birth _____ Age ____

Father's Name _____ Work _____ Cell _____

Mother's Name _____ Work _____ Cell _____

Other Emerg Contact: _____ Relation _____ Phone _____

Is the student currently under medical treatment or does the student have any medical conditions?
 YES NO

If yes, please give the nature of the treatment/condition and the doctor's name and phone number.

Will the student need prescription medication while at the festival? YES NO

If YES, please fill out PRESCRIPTION MEDICINE INFORMATION. If NO, skip to the next page.

PRESCRIPTION MEDICINE INFORMATION

Please complete this medication section **ONLY** if your student requires routine and/or emergency medication while on this trip. According to PA Dept of Education regulations, parents can designate adult family members or a non-chaperone parent volunteer to administer medication. Epi-pen trained staff may accept emergency epinephrine responsibilities only. Any medications directed to be administered by a licensed nurse/trained staff and or emergency self-administered medications (age appropriate) **MUST** have written orders by the student's doctor on file with the school nurse prior to the field trip. Parent to non-chaperone parent volunteer medication administration does not require physician orders to be on file.

(please check)	___Epi-pen	These medications will be (please check):
	___Epi-pen, Jr.	___Sent from home
	___Insulin	___Stored in the school nurse's office
	___Glucagon	
	___Glucose Tablets	NOTES:
	___Rescue Inhaler	
	___Benadryl	
	___Other Prescription Medication (specify med in NOTES)	

Select designee to give prescription medication

___ Epi-pen Trained Staff (Epinephrine will be used as a first line treatment for anaphylaxis)

___ Parent/Guardian Designee (Medication sent from home) - Name of Parent or Designee _____

___ Licensed Nurse (Medication provided by the parents in pharmacy labeled bottle-dose appropriate for trip)

___ Student Self-Administer (only EMERGENCY MEDS Epinephrine, Insulin, Inhaler)

Is the student allergic to any medications? YES NO

If yes, which medication? _____

Please list any food allergies below:

The host school nurse has my permission to administer (circle as allowed): Tylenol, PeptoBismol, Tums, Other (be specific) to my son/daughter.

Other _____

Parent Signature _____ Date _____

Name of Health Insurance Provider _____

Emergency Treatment Authorization

If a parent, guardian, or emergency contact cannot be reached by phone, what do you want the school or festival host to do if your child is sick or injured?

If emergency treatment is required, may the school authorities, festival host, or designee use their own judgment in sending your child to the nearest hospital or medical professional before the parent/guardian can be reached?

YES NO If no, please name preferred Hospital and/or Doctor

Hospital _____ Doctor _____

Do you give permission for this form to be provided to the nurse on call?

YES NO

I understand that in a true emergency, the judgment of the school authorities will prevail. The recommendation of the parent/guardian above will be respected as much as possible. If any of my child's emergency information should change between now and the festival, I will notify my child's director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the host school district, host school nurse, and the festival directors from any lawsuits, claims, demands, expenses, or costs arising from the administration or failure to administer first aid or emergency treatment to the child while in attendance at the Keystone String Festival.

Parent Signature _____ Date _____