

TRAVEL PERMISSION FORM

Return No later than September 5th, 2009

Student's Name: _____ Grade _____

Students E-mail address: _____ Mobile # _____ Birthday: _____

Mother's Name _____ Father's Name _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Mobile #: _____

Father's Work #: _____ Mother's Work #: _____

Father's E-mail: _____ Mother's E-mail: _____

Emergency Contact: _____ Phone #: _____

Insurance: _____ Policy#: _____

Doctor: _____ Phone #: _____

I hereby certify that my son/daughter, _____ has permission to participate in field trips with the BOWIE MIDDLE SCHOOL BAND during the 2009-2010 school year.

I agree and do hereby waive and release all claims against the Irving Independent School District and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur.

I understand that reasonable measures will be taken to safeguard the health and safety of my son/daughter and that I will be notified in the case of an emergency. In the case of an accident or sickness, I authorize the calling of a doctor or the providing of other medical services. **Please provide medication to nurse.**

The medication must be in the original container with the student's name, correct dosage, and when and why it is to be given. A new request for administration of medication will be required for each field trip. Parents or Guardians are responsible for notifying the school of any changes.

It is understood that no participation will be allowed until this form is signed by his/her parent/guardian.

Is there any medical aspect or known allergies we need to know about your child _____ Yes _____ No

Explain: _____

Do you give your permission for the directors to obtain emergency treatment if needed? _____ Yes _____ No

Do you give your permission for your child to swim when participating in a band activity? _____ Yes _____ No

I give my permission for my child to travel with the Bowie Middle School Bands. I have "**READ**" and "**UNDERSTAND**" the "**Bowie BAND HANDBOOK and BLANKET PERMISSION FORM**" and agree to abide by the provisions therein.

Student's Signature: _____ Date: _____

Parents' Signature: _____ Date: _____