

**DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT**

**BAND PERMISSION SLIP AND RELEASE**

This is to certify that I (we) hereby give permission for my/our student(s):

\_\_\_\_\_ (student(s)' printed name) to go on all band trips or activities

related to football games, contests, trips, parades, etc. for the period of time **beginning on July 28, 2009 and ending July 23, 2010.**

As a parent(s) or legal guardian(s) of the student named above, I release and discharge the Dripping Springs Independent School District, its officers, employees, agents, representatives, and volunteers from any and all claims, suits, actions, causes of action, expenses, costs, and demands for any direct or indirect personal injuries or property damages associated with, related to, or arising from my student(s)' voluntary participation in the band program including extracurricular trips and activities.

I acknowledge that my student(s) is bound by the Dripping Springs ISD Student Code of Conduct and the Extracurricular Code of Conduct while participating in band trips or activities and is subject to disciplinary consequences. At the sole discretion of the Director, a student(s) may be immediately removed from band trips or activities for conduct that fails to meet expectations of band participants or for conduct inconsistent with the Codes of Conduct. Upon notice by the Director of a student(s) removal from a band trip or activity, the parent(s) or legal guardian(s) of the student(s) shall be solely responsible for arranging for the transportation of the student(s) from the trip or activity at their own expense. A student(s) removed from a band trip or activity may face additional disciplinary consequences assessed by the Director and/or campus administration in conformity with the Dripping Springs ISD Student Code of Conduct and/or the Extracurricular Code of Conduct.

I have carefully read and understand the Band Permission Slip. I voluntarily agree to the terms stated herein as shown by my signature and the signature of my student(s) below.

Telephone: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out the medical information on the back side of this form.**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE ATTACH A COPY OF PARENT'S INSURANCE CARD**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount of Copay: \_\_\_\_\_

Students should bring any leg, ankle, or foot braces they normally use with them on this trip to prevent injury.

Please fill out items below to alert us of any problems:

ALLERGIES and ASTHMA:

1. Does this child have asthma that has been diagnosed by a doctor?      SYes \_\_\_\_\_ No \_\_\_\_\_

If yes, what treatment and/or medications have been prescribed? \_\_\_\_\_

2. Please list any severe allergies and recommend treatment: \_\_\_\_\_

INJURIES, ILLNESSES and SURGERIES:

1. List injuries, illnesses, surgeries and medical problems      Age      Hospitalized?

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2. Does this problem or condition require any special health care at school? \_\_\_\_\_

ADDITIONAL INFORMATION:

1. What medications are given daily? \_\_\_\_\_

2. List any other comments or concerns about this child's health \_\_\_\_\_

3. Physician's Name, Office Phone and Fax Number \_\_\_\_\_

PARENT/GUARDIAN WORK/HOME NUMBERS:

PARENT 1: \_\_\_\_\_ Work: \_\_\_\_\_ Home or Cell: \_\_\_\_\_

PARENT 2: \_\_\_\_\_ Work: \_\_\_\_\_ Home or Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**IT MAY BE NECESSARY TO CONTACT YOU DURING THE SCHOOL DAY. IF YOU CANNOT BE REACHED, THE SCHOOL WILL CALL THE PERSON(S) LISTED BELOW:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant my authorization and consent to medical care, treatment, procedure, or physician consultant deemed necessary in order to insure the safety of the child listed on this form. I agree to notify the school immediately if the health status of this child changes.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_