

Bobcat Band Permission/Medical Release Form (Addendum D)
HALLSVILLE INSTRUMENTAL MUSIC DEPARTMENT
2009-2010 School Year

I give my permission for _____ to attend band camps (Beaver's Bend), band trips, and other band activities with the Hallsville Band during the 2009-2010 school year. I, the parent or legal guardian, will release the school, directors, chaperones, principals, superintendent, and board of trustees from any liabilities involved in taking these trips. It is also understood that I, the parent or legal guardian, will stand liable for any damages created by the student. I understand that if the student violates any major school policy, such as drinking alcohol, smoking, drug use, damaging property, or stealing, **he/she will be sent home at my expense**, and will be subject to removal from the organization and all penalties set forth in the Hallsville ISD student handbook and code of conduct. I will be consulted before any action such as this is enacted. This form will give a director or chaperone my permission to sign for emergency medical treatment if it becomes necessary for my child.

Parent's Signature – Date

STATE OF TEXAS
COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he (she) executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE ___ day of _____ 2009.

Notary Public in and for
County, Texas

I, _____, understand that I will be representing Hallsville ISD while on this trip and participating in this band activity. I will abide by all school rules and policies as set forth by the Board of Trustees of the Hallsville ISD, while striving to set a good example for others to follow.

Student's Signature – Date

On back

STUDENT PROFILE INFORMATION

First Name _____ Last Name _____
Social Security # ____ - ____ - _____ Grade _____
Address _____ City, State, Zip _____
Birthday _____ Phone _____

PARENT INFORMATION

Parent's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Pager _____
Mobile Phone _____
Emergency Contact _____ Relationship _____
Emergency Phone # _____

MEDICAL INFORMATION

Physician's Name _____ Telephone _____
Health Insurance Company _____ Policy # _____
List Medications: _____ Allergies: _____

Use the bottom of this sheet for additional comments or information

-
