

Sissonville High School Music Department

Permission Slip/ Medical Release

TRAVEL: I, _____, as parent/ legal guardian of _____ do hereby give my full permission and consent for he/ she to travel to and from, attend, and participate in all school-sponsored activities, performances and trips. I also give consent for he/ she to be under the disciplinary control of the Sissonville High School Band staff and chaperones.

MEDICAL: I authorize the Directors and/or chaperones to obtain emergency medical services of a physician or hospital and that I will incur and provide payment for these costs.

Insurance Co. _____ Policy # _____

Known allergies _____

Prescription medication currently being used _____

Please list any medications that your child is unable to take _____

"I understand that precautions will be taken to safeguard the health and welfare of all who attend these activities. I, as parent/ legal guardian, do hereby release all participants, directors, chaperones, and school personnel from any claim for injury sustained to my child or their property while actively participating in the band program and understand that I am financially responsible for the care of my child."

Parent/ Guardian Signature

Date

Emergency Phone Number

THIS DOCUMENT MUST BE
RETURNED TO MR. GREEN
BY: