

Iowa Park Hawk Band

Parent/Guardian Permission for School Sponsored Events/Field Trips and Student Handbook Acknowledge Form

Instrument and Serial Number

_____ # _____

Student Name: (Print) _____

Grade _____

Teachers Name: Charlie Bradberry Rudy Leal, Amy
Robinson

Event: Any School Band Trip or Event Method of Travel: Bus or School Approved

The participating student listed has my permission to attend school sponsored events for the school year (2018-2019). I agree that Iowa Park CISD and/or Iowa Park High School will not be responsible for injury that might occur in travel or during said event. Students are required to return with his/her group on the vehicle provided unless released directly to his/her parents or guardians for the return trip.

I also testify that said student understands that as a participant in the school sponsored event that he/she will not indulge in alcoholic beverages, tobacco, or narcotics of any kind.

The students code of conduct is in effect for school sponsored events. I also understand I am financially responsible for any damage to a school owned instrument.

It is understood that any infraction of this agreement is subject to all applicable student code of conduct disciplinary procedures including the removal of the student from any future extracurricular/school sponsored events.

I authorize Iowa Park CISD officials to secure emergency treatment for above mentioned student by emergency room doctors in the event of any physical injury while participating in the school sponsored event, and agree to hold harmless all such person and the Iowa Park CISD for any and all claims and expenses arising out of such injuries.

I and the above named student participant signify that we have read and do understand and accept this agreement and its attached guidelines for student behavior and medical release, and I have received the Band Hand Book and agree to comply with all rules and regulations.

Student Mailing Address _____

Home Phone/Cell _____

Email Address _____

Mother Name _____

Mother Mailing Address _____

Mother Emailing Address _____

Mother Cell _____

Father Name _____

Father Mailing Address _____

Father Emailing Address _____

Father Cell _____

Medical/Insurance Company: _____

Policy ID or Group Number: _____

Known Medical Conditions:

Student Signature _____ Date _____

Parent Signature _____ Date _____