

Phone: 933-7570 FAX: 933-3664

Music Department Secondary Field Trips

BLANKET PARENT PERMISSION FORM

Student should return this form to their respective music teacher

I grant permission fo	OTStude	nt name to attend
	p activities which may o	ecur during the school year. I understand that otice) to parents of all music field trip(s).
the pupils during the trip will be tal	ken. We understand tha	and plans for the care and supervision of at a copy of this permission form will be nusic staff on all respective music field trips my
School student attends: DEMS	□ WMS □ CHS 0	W SH
Music Area the student is involved a Band	in: Orchestra	☐ Choir
Student's music teacher's name(s):		,
Known allergies/significant medical Medications taken:		•
In the event of accident of illness, I for my student.	hereby authorize the sch	ool personnel to seek appropriate medical aid
Parent's Signature		Date
Home phone	Work phone	Emergency phone
Form 9/4/97, Revised 10/07		

Staff may use this form for ensembles/students anticipated to tour/travel more than once per year.