

SEHOME BANDS



Composite Permission Form for 2019 - 20 School Year

Field Trip Permission Form

Band Field Trip place during the	has my permission to attend and participate in any and all so (Concert, Symphonic, Jazz, Marching, Pep, Solos and Ensembles) that may take school day, in the evenings, or on weekends during the course of this school year that ool or charter bus transportation.			
these trips with the son/daughter not	ification of such field trips, but <u>I will not need to file forms for each and every one of</u> he exception of those involving overnight arrangements. If I choose to have my <u>participate</u> in a specific field trip, I will notify the band director by phone, e-mail, or in dvance of the event.			
•	I trips all school rules will apply. I further understand that his/her eligibility to h events, specifically those during the school day will be contingent on maintaining all classes.			
Parent Signature	Student Signature			
Date	Date			
Alternate Trans	sportation Permission Form			
qualify as having insurance by com to a performance As your son/daug	to be transported to/from events by private van or car. In such cases, those drivers must a driver's license, using a safe and "roadworthy" vehicle and carrying liability apleting Form 2320F-4. Occasionally, band students may leave school in order to drive and will not be accompanied by an adult. The participating in one or more of these groups, please check all blanks below this/her possibilities for alternate transportation during the course of the year:			
(Student)	has my permission to:			
1) Ride with a designated school employee or band parent who has a license safe and roadworthy vehicle, carries liability insurance and has completed Form				
2) Ride with other students who have licenses, use a safe and roadworthy vehicle liability insurance and who have completed the Student Driver Authorization on the of this form.				
lic	Drive himself/herself and other students to and from performances. He/she has a cense, uses a safe and roadworthy vehicle, carries liability insurance and has completed e Student Driver Authorization on the back of this form.			
tra	Ride with me, his/her parent, if I am available and needed. I am willing to ansport other students, too. I have a license, I use a safe and roadworthy vehicle, I carry ability insurance and will complete Form 2320F-4.			
5)	Other:			

Student Driver Authorization

Name of Preferred Doctor

The undersigned parent/guardian hereby consent or agree that their child (student) is permitted to drive to student activities and hereby agree to the terms and conditions set forth in this Student Driving Authorization Form. Current automobile liability insurance will be in force at all times during program participation. Your insurance will be the primary coverage in the event of any liability arising out of these activities. It should be further understood that the district's coverage may or may not respond, but, in any event, only in excess of any valid, collectible insurance, and the district's insurance will not respond to damage to the vehicle itself under any circumstances.

The student driver identified below may only allow other students to ride with him/her if:

- The driver's parent/guardian has so indicated below, AND
- The rider's parent/guardian has checked number 2 on the front of this form.

To be an eligible STUDENT DRIVER the student must:

- Have a valid Driver's License (Attach a copy of Driver's License).
- Have had no accidents, DUI's or moving violations in the past three (3) years.
- Have insurance in the minimum amounts of \$100,000/\$300,000 (Attach a copy of insurance card).

:	Have an automobile in good working of Obey all traffic laws.	order and with ope	erable seatbelts.	, in the second	
	DO AGREE to allow my student to drive DO AGREE to allow my student to drive DO NOT AGREE to allow my student to	but not to have o	ther riders in my vehicle.		
Stude	at has permission to drive the following in	sured family vehi	cles:		
Stude	at Signature	Parent/Guardi	an Signature	Date	
reacti	cal Information: In the space below, on to bee stings, severe food allergies, needed:	, asthma, diabete	es, seizures, etc.), medications		
provious the and a sinjury negligation	Harmless: Although I understand that de a safe environment, I am fully awar se activities. Further, I accept full resignee to hold harmless the school, schoor illness of any nature whatsoever as gence not withstanding. event of an injury or illness, I understanding.	re of the dangers ponsibility for the ol district, district, ssociated with notes tand that reasons	s and risks inherent in my son, ne behavior of my son/daughte ct employees, volunteers and ny son/daughter's participation able effort will be made to con	daughter's participation er during these activities board members for any n in these activities,	
	diately. However, I am aware that if t ult in charge will secure emergency m			irent cannot be reached,	
	fully aware of the risks, I hereby give ne High School Band trips and activit			te in any and all 2010-12	
Paren	t/Legal Guardian Signature	Date	Student		
Parent/Guardian Printed Name			Phone Number: Home/O	Phone Number: Home/Cell/Work	
Emergency Contact Person			Emergency Contact Pho	Emergency Contact Phone Number	

Doctor's Phone Number