

SEHOME BANDS



Composite Permission Form for 2015-16 School Year

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Band (Concert, Jazz, Marching, Pep, Solos	as my permission to attend and participate in any and all and Ensembles) Field Trips that may take place during its during the course of this school year that might utilize
these trips with the exception of those involvir	ut I will not need to file forms for each and every one of ng overnight arrangements. If I choose to have my trip, I will notify the band director by phone, e-mail, or in
	ply. I further understand that his/her eligibility to uring the school day will be contingent on maintaining
Parent Signature	Student Signature
Date	Date
Alternate Transportation Permission Form	
need to be transported to/from events by priva having a driver's license, using a safe and "roa completing Form 2320F-4. Occasionally, ban performance and will not be accompanied by a As your son/daughter may be participating in o	ert, Jazz, Marching, Pep, Solos and Ensemble groups may the van or car. In such cases, those drivers must qualify as adworthy" vehicle and carrying liability insurance by distudents may leave school in order to drive to a min adult. One or more of these groups, please check all blanks below mate transportation during the course of the year:
(Student) h	as my permission to:
•	nool employee or band parent who has a license, uses a arries liability insurance and has completed Form 2320F-4.
	who have licenses, use a safe and roadworthy vehicle, carry e completed the Student Driver Authorization on the back
	other students to and from performances. He/she has a rthy vehicle, carries liability insurance and has completed on on the back of this form.
	nt, if I am available and needed. I am willing to have a license, I use a safe and roadworthy vehicle, I carry uplete Form 2320F-4.
5) Other:	(over)

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 instraice in the infinitum amount Have an automobile in good working or Obey all traffic laws. 			n ance caru).
 □ I DO AGREE to allow my student to drive □ I DO AGREE to allow my student to drive □ I DO NOT AGREE to allow my student to 	but not to have o	other riders in my vehicle.	
Student has permission to drive the following ins	sured family veh	icles:	
Student Signature	_ Parent/Guardi	an Signature	Date
Medical Information: In the space below, reaction to bee stings, severe food allergies, diets needed:	asthma, diabet	es, seizures, etc.), medication	
Hold Harmless: Although I understand that provide a safe environment, I am fully aware in these activities. Further, I accept full resp and agree to hold harmless the school, school injury or illness of any nature whatsoever as negligence not withstanding. In the event of an injury or illness, I understation in the adult in charge will secure emergency mediately. However, I am aware that if the adult in charge will secure emergency mediately aware of the risks, I hereby give Sehome High School Band trips and activities	e of the danger consibility for to ol district, district, sociated with reason and that reason he injury or illredical care as reason my consent fo	s and risks inherent in my so he behavior of my son/daughter employees, volunteers and my son/daughter's participation able effort will be made to chess appears serious and the paeded.	on/daughter's participation nter during these activities d board members for any on in these activities, ontact the parent parent cannot be reached,
		wise notified.	
Parent/Legal Guardian Signature	Date	Student	
Parent/Guardian Printed Name	Phone Number: Home/Cell/Work		
Emergency Contact Person	Emergency Contact Phone Number		

Doctor's Phone Number