



# SEHOME BANDS

*Composite Permission Form for 2016 - 17 School Year*



## Field Trip Permission Form

(Student) \_\_\_\_\_ has my permission to attend and participate in any and all **Band (Concert, Jazz, Marching, Pep, Solos and Ensembles) Field Trips** that may take place during the school day, in the evenings, or on weekends during the course of this school year that might utilize school or charter bus transportation.

I will receive notification of such field trips, but I will not need to file forms for each and every one of these trips with the exception of those involving overnight arrangements. If I choose to have my son/daughter not participate in a specific field trip, I will notify the band director by phone, e-mail, or in writing well in advance of the event.

During such field trips all school rules will apply. I further understand that his/her eligibility to participate in such events, specifically those during the school day will be contingent on maintaining passing grades in all classes.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Alternate Transportation Permission Form

During the school year, members of our Concert, Jazz, Marching, Pep, Solos and Ensemble groups may need to be transported to/from events by private van or car. In such cases, those drivers must qualify as having a driver's license, using a safe and "roadworthy" vehicle and carrying liability insurance by completing Form 2320F-4. Occasionally, band students may leave school in order to drive to a performance and will not be accompanied by an adult.

As your son/daughter may be participating in one or more of these groups, please check all blanks below that may apply to his/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, uses a safe and roadworthy vehicle, carries liability insurance and has completed Form 2320F-4.
- \_\_\_\_\_ 2) **Ride with other students** who have licenses, use a safe and roadworthy vehicle, carry liability insurance and who have completed the Student Driver Authorization on the back of this form.
- \_\_\_\_\_ 3) **Drive himself/herself and other students** to and from performances. He/she has a license, uses a safe and roadworthy vehicle, carries liability insurance and has completed the Student Driver Authorization on the back of this form.
- \_\_\_\_\_ 4) **Ride with me, his/her parent**, if I am available and needed. I am willing to transport other students, too. I have a license, I use a safe and roadworthy vehicle, I carry liability insurance and will complete Form 2320F-4.
- \_\_\_\_\_ 5) **Other:** \_\_\_\_\_

(over)

### **Student Driver Authorization**

*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 order and with operable seatbelts.
- Obey all traffic laws.

- ☐ **I DO AGREE** to allow my student to drive and to have other riders in my vehicle.
- ☐ **I DO AGREE** to allow my student to drive but not to have other riders in my vehicle.
- ☐ **I DO NOT AGREE** to allow my student to drive my vehicle.

Student has permission to drive the following insured family vehicles: \_\_\_\_\_

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information:** In the space below, please list special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special diets needed: \_\_\_\_\_

**Hold Harmless:** Although I understand that Bellingham School District will make every reasonable effort to provide a safe environment, I am fully aware of the dangers and risks inherent in my son/daughter's participation in these activities. Further, I accept full responsibility for the behavior of my son/daughter during these activities and agree to hold harmless the school, school district, district employees, volunteers and board members for any injury or illness of any nature whatsoever associated with my son/daughter's participation in these activities, negligence not withstanding.

In the event of an injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Being fully aware of the risks, I hereby give my consent for my son/daughter to participate in any and all 2010-12 Sehome High School Band trips and activities unless otherwise notified.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Phone Number: Home/Cell/Work

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Name of Preferred Doctor

\_\_\_\_\_  
Doctor's Phone Number