

SEHOME BANDS



Composite Permission Form for 2017 - 18 School Year

Field Trip Permission Form

Band (Conce the school day	has my permission to attend and participate in any and all rt, Jazz, Marching, Pep, Solos and Ensembles) Field Trips that may take place during y, in the evenings, or on weekends during the course of this school year that might utilize rter bus transportation.		
these trips wit son/daughter	notification of such field trips, but <u>I will not need to file forms for each and every one of</u> the the exception of those involving overnight arrangements. If I choose to have my <u>not participate</u> in a specific field trip, I will notify the band director by phone, e-mail, or in advance of the event.		
participate in	field trips all school rules will apply. I further understand that his/her eligibility to such events, specifically those <u>during the school day</u> will be contingent on maintaining s in all classes.		
Parent Signati	ure Student Signature		
Date	Date		
	ansportation Permission Form		
need to be train having a drive completing For performance a	hool year, members of our Concert, Jazz, Marching, Pep, Solos and Ensemble groups may insported to/from events by private van or car. In such cases, those drivers must qualify as er's license, using a safe and "roadworthy" vehicle and carrying liability insurance by orm 2320F-4. Occasionally, band students may leave school in order to drive to a and will not be accompanied by an adult. laughter may be participating in one or more of these groups, please check <u>all</u> blanks below y to his/her possibilities for alternate transportation during the course of the year:		
	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, calliability insurance and who have completed the Student Driver Authorization on the base 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:		

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 amo Have an automobile in good working Obey all traffic laws. 			rance card).
☐ I DO AGREE to allow my student to driv ☐ I DO AGREE to allow my student to driv ☐ I DO NOT AGREE to allow my student	ve but not to have o	other riders in my vehicle.	
Student has permission to drive the following	insured family veh	icles:	
Student Signature	Parent/Guardi	an Signature	Date
Medical Information: In the space below reaction to bee stings, severe food allergie diets needed:	es, asthma, diabet		
Hold Harmless: Although I understand to provide a safe environment, I am fully awain these activities. Further, I accept full reand agree to hold harmless the school, schinjury or illness of any nature whatsoever negligence not withstanding.	are of the danger esponsibility for t nool district, distr associated with r	s and risks inherent in my son he behavior of my son/daugh ict employees, volunteers and my son/daughter's participation	n/daughter's participation ter during these activities I board members for any on in these activities,
In the event of an injury or illness, I under immediately. However, I am aware that is the adult in charge will secure emergency	f the injury or illr	ness appears serious and the p	
Being fully aware of the risks, I hereby gi Sehome High School Band trips and activ			ate in any and all 2017-18
Parent/Legal Guardian Signature	Date	Student	
Parent/Guardian Printed Name		Phone Number: Home	/Cell/Work
Emergency Contact Person		Emergency Contact Pho	one Number

Doctor's Phone Number