



Parental Consent for School Trips

James E. Bazzell Middle School Band

I, the undersigned parent, do give permission for my son/daughter to participate in school trips. I understand that I will be notified before each trip with all information about the trip and at that time I will notify the school if my child will or will not be participating. I also understand that the personal safety of the students is of first importance on school trips and in the event of an emergency and I am not present, nor can be reached at the phone numbers listed below, I give permission for a representative of the school to seek professional medical care for my child.

_____	_____	_____
Student Name	Parent Signature	Date
<i>Please Print</i>		

Telephone numbers where I may be reached during trips:

Home () _____
Work () _____
Other () _____

Please provide the following information to be used in case of an emergency.

Family Doctor: _____ Telephone Number: () _____

Allergies: _____

Date of Last Tetanus Shot: _____

Physical Impairments: _____

Any Other Important Medical Facts: _____

Health Insurance Company _____

Policy Number: _____