

VETERANS MEMORIAL EARLY COLLEGE HIGH SCHOOL BAND TRAVEL PERMISSION FORM

Student's Name _____ Grade _____

Student's Instrument _____ ID# _____

Mother's Name _____ Mom's Cell # _____

Father's Name _____ Father's Cell _____

I give my permission for _____ to travel to and from various band functions with the Veterans Memorial Early College High School Band. I do thereby authorize an official of the Veterans Memorial Early College High School Band Department as Temporary Custodian of the above-named minor to consent to any emergency treatment by a licensed physician, surgeon, or dentist, to any hospital care that may be rendered to said minor whether such diagnosis or treatment is rendered at the office of the physician, surgeon, dentist or at a licensed hospital.

I further agree to release the Temporary Custodian (Veterans Memorial Early College High School) and hold him/her harmless from any damages or financial responsibilities that might arise from his/her consenting to any medical, dental, or hospital care rendered to the above-named minor. The above information is correct to the best of my knowledge.

I hereby give my informed consent for the above-mentioned student to participate in these activities.

_____ Date _____

Parent's/ Guardian's Signature

If Parent's/Guardian's cannot be reached, call

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____