FOSTER HIGH SCHOOL FALCON BAND
TRIP PERMISSION SLIP/MEDICAL RELEASE FORM

I, (student name)_____ pledge to abide by all district policies set forth by the Lamar Consolidated Independent School student handbook. I understand that I am governed by the same rules and regulations on all trips
as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

_____ _____ _____
Social Security No. Student Signature Grade

We (I), the parent(s)/guardian of _____ understand and agree that all Band trips are school sponsored activities and functions. This release is intended to cover all injuries and illnesses of every type and personal property damage, if any, which may be sustained from any cause connected with the participation of all Band functions. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

EMERGENCY MEDICAL RELEASE FORM

NAME _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE # _____WORK PHONE # _____

EMERGENCY PHONE #'S _____

EMERGENCY CONTACT PERSON _____

INSURANCE COMPANY _____POLICY # _____

DOCTOR'S NAME & PHONE # _____

LIST ANY MEDICATION OR MEDICAL INFORMATION WE MIGHT NEED TO KNOW IN CASE OF EMERGENCY

_____

_____

PARENT/GUARDIAN SIGNATURE _____