

**H.M.S. BAND
TRIP AUTHORIZATION FORM
2011-12 SCHOOL YEAR**

Student's Name: _____ has adequate insurance.

He/she is covered by _____ Insurance company.

Policy number _____ in case of accident.

“I hereby give my consent for the above named student to go on school sponsored trips with the band, band directors, and/or representatives. I also give my consent for school employees to secure emergency first aid or medical services for the above named student. I release the Burleson Independent School District and all accompanying school authorities and chaperones from all responsibility pertaining to claims and expenses in the case of accident, injury, or loss of life that might occur. I understand that all reasonable precautions will be taken to insure the safety of my child during this activity.”

EMERGENCY INFORMATION

(Please print the following information)

Emergency Contact (if parents are unavailable) _____

Home Phone _____ Business _____ Business Phone _____

Emergency Contact (if parents are unavailable) _____

Home Phone _____ Business _____ Business Phone _____

Allergies (drugs and/or food) _____

Chronic medical conditions (diabetes, asthma, epilepsy) _____

Medications taken regularly _____

Other information _____

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date