W.F. GEORGE MIDDLE SCHOOL CHOIR DEPARTMENT

**PARENTAL PERMISSION FOR SCHOOL SPONSORED EVENTS**

 **FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Printed Name of Participating Student)**

**Scheduled Event: *All Choir trips for school year 2018-2019***

**Destination: *Various* Method of Travel: *School bus/Van***

**Departure Place and Time: *To be announced***

**Approximate Return: *To be announced***

**Accompanying School Authority: *Hannah Espinoza and/or Kerri Edwards***

The participating student listed above has my permission to attend the above-mentioned event. I agree that WF George Middle School (WFGMS) and/or the Iowa Park Consolidated Independent School District (IPCISD) will not be responsible for any injury that might occur in travel or during said event. Student is required to return with his/her group on the vehicle provided unless released directly to his/her parents for the return trip (note required PRIOR to departure from IP). **\*\***

\*\*If student is to ride with another student, permission is needed from BOTH sets of parents.

I also testify that said student understands that as a participant in said activity, he/she will not indulge in alcoholic beverages and/or narcotics of any kind; nor will he/she display behavior that would bring dishonor or cause embarrassment to the sponsoring school and the student will follow the Student Code of Conduct set forth by the IPCISD School Board.

It is understood that any infraction of this agreement is subject to all applicable disciplinary procedures including prohibition of future participation in any extra-curricular school activity or function. The parents will be notified of any infraction of this agreement.

I further authorize Iowa Park CISD officials to secure emergency medical aid and treatment for the participating student listed above by emergency room doctors in the event of any physical injury while participating in this activity and agree to hold harmless all such persons and the Iowa Park CISD for any and all claims and expenses arising out of such injuries.

We (parent/guardian and participating student) signify by our signatures below that we have read, understand and accept this agreement as stated above, as well as the guidelines for student behavior as stated in the student handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE / CELL PHONE WORK PHONE**

**WFGMS CHOIR DEPARTMENT**

***MEDICAL INFORMATION***

**FOR 2018-2019SCHOOL CHORAL ACTIVITIES**

1. School Name: **W.F. GEORGE MIDDLE SCHOOL**

2. Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Age:\_\_\_\_\_\_\_\_\_\_

4. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. DOB:\_\_\_/\_\_\_/\_\_\_

6. Student Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Name of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

9. Business Address and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Does Student have insurance through parent employer? YES\_\_\_\_\_ NO\_\_\_\_\_\_

If yes, name of insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Health History: (Check all that apply) 12. Allergies (check all that apply)

\_\_\_\_\_ Diabetes \_\_\_\_\_ Aspirin

\_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Penicillin

\_\_\_\_\_ Asthma \_\_\_\_\_ Sulfa

\_\_\_\_\_ Epilepsy \_\_\_\_\_ Insect Stings

\_\_\_\_\_ Cardiac Problems \_\_\_\_\_ Tetracycline

\_\_\_\_\_ Other (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Do we have permission to administer to your child?

 (Check) \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil

14. Has you child had a tetanus shot current to within six years?

 \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain.

 16. I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia and/or surgery for my child as named above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

*NOTE: All information provided is strictly confidential and accessible to director only.*