

**COPPELL MIDDLE SCHOOL NORTH BANDS
PERMISSION SLIP FORM**

I hereby grant permission for my child _____ to participate in and attend the band activities listed on the attached band calendar. I understand that events marked by an asterisk are required events. If students do not attend the required events it will affect their six weeks grade in band.

I understand that when there is a school sponsored trip my child will be accompanied by and will be under the direct supervision of school personnel. I agree that the school and/or school personnel are not to be held liable for damages caused by my child or any accident or injury sustained by said child. I hereby authorize Coppell I.S.D. to seek emergency medical attention for my child in the event the parent or guardian cannot be reached.

Parent or Guardian	Mailing Address
Telephone: _____	City _____ Zip _____
Cell Phone: _____	Policy and/or Group # _____
Insurance Company _____	Allergies _____
Medical Conditions _____	

*****Emergency contact person and phone number in case parents cannot be reached.*****

Any special instructions concerning your child that we should be made aware of:

PARENT SIGNATURE: _____

DATE: _____

