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 by reached.

_____ _____
Parent or Guardian Mailing Address

_____ _____
Telephone: Cell Phone: City Zip

_____ _____
Insurance Company Policy and/or Group #

_____ _____
Medical Conditions Allergies

_____
********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: _____