

RETURN PAGE

Please return this sheet to the band hall by
Friday, August 30th.

**The signature below indicates that I have received,
 read, and understand the Clark Middle School Cougar
 Band Handbook AND Calendar.**

Clark Middle School Cougar Band Field Trip Permission Form,
 Contact Form, and Emergency Medical Release Form

My child, _____ (**PRINT FULL NAME**), is permitted to travel to **ALL** scheduled Band functions **FOR THE YEAR as listed on the Cougar Band Calendar** (Football games, contests, performances, etc.) Transportation will be provided by Frisco ISD school buses or by an approved adult chaperone where applicable. In an effort to optimize your child's experience, and improve communications between parties, I give the Clark Middle School band directors permission to share my contact information with the Clark Middle School Band Boosters, Centennial High School band directors, and Clark Middle School band private lessons staff.

In the event of a medical emergency, I authorize Mr. Katz, Mr. Kennedy, Mr. Timpani, or an adult chaperone, to act in my behalf in securing proper medical treatment for my child. This is authorized only in the event that I cannot be readily contacted or that the medical emergency is potentially life threatening.

Medical conditions we should be aware (i.e., diabetes, asthma, allergies, etc.)

 Parent(s) Name PRINTED

 Parent(s) Name SIGNED

 DATE

Home Phone# _____ Cell Phone # _____

Parent's E-Mail _____

Alternate Contact Name _____ PHONE _____

Family Physician _____ PHONE _____