

Event – Band Events	Method of Transportation - Bus	
Destination – TBA	Date/Time of Departure – TBA	Date/Time or Return – TBA
If overnight, where staying – TBA	Phone Number -	
Accompanying School Authority – Lewis/Ritchie	Participating Student -	

The Student named above ("Student") has my permission to attend the above named event ("Event"). The undersigned releases the Wichita Falls Independent School District, and/or Wichita Falls High School ("School"), and accompanying school authorities from all liability for claims and expenses of accident, injury, or death of Student or damages caused by Student that might occur in travel or during said Event. I give permission for Student to receive any medical attention or treatment deemed necessary by any hospital, doctor, and staff while traveling to, during, and from the Event.

Student is required to travel with the group in the vehicle provided by the school unless released directly to their parent/guardian. Any deviations for student travel must be submitted in a note, signed by the parent/guardian designating the different travel instructions. The note must accompany this form and be received at least seven (7) days prior to the departure date so verification may be made.

The undersigned represents the Student understands that as a participant in Event they may not consume or possess alcoholic beverages and/or any illegal substance or drug or display behavior that would bring dishonor or cause embarrassment to the School. Student and parent/guardian are responsible for all school, state, motel, and restaurant rules, laws, and regulations. Additionally, such an infraction may cause Student to be sent home at parent's/guardian's expense.

It is understood that any infraction of the agreement is subject to all disciplinary procedures including prohibition of future participation in any extracurricular school activity or function, in agreement with the Student Code of Conduct or additional rules which may be attached to this form and damages as provided by Chapter 41 of the Texas Family Code.

Please Complete the Following Information

Date of last tetanus shot -		
List ALL allergies to: (see next line)		
Food -	Drugs -	Insects -
Asthmatic - YES NO (circle one)		Diabetic - YES NO (circle one)
Other -		

If weather and other conditions permit, time is available, and it is permissible with the school authority in charge, my child: **MAY MAY NOT** go swimming in the motel/hotel pool. **(circle one)**

Hospitalization Insurance Information

Insurance Company –	Policy Number -
Name of Employer Providing Insurance -	

My child **IS IS NOT (circle one)** insured through the school district's voluntary accident insurance program.

If the event arises that students need to drive personal cars during class time, I give my son/daughter permission to drive or to ride with other students.

Home Phone Number -	Work Phone Number -
Emergency Phone Number and Name of Person -	

Each of the undersigned has read, understands and accepts the above terms and any attached guidelines for Student behavior.

PARENT or GUARDIAN (circle one) Date: _____ _____ Date: _____
STUDENT (Signature)