

# WMS BAND TRAVEL & MEDICAL RELEASE

As the parent/guardian of \_\_\_\_\_, I grant permission for my child to participate in teacher and principal approved field trips with the Warren Middle School Band during the 2024-2025 school year. It is my understanding that the school will advise me by written or verbal notification of the nature, date, and time of each trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

I realize that any event involves some possible inherent risk of injury to my child. I understand that the Forney Independent School District, as well as its officers, and agents, are granted limited immunity by various statutes and common law principles under state and federal law.

I further understand that as a parent or legal guardian, I may be responsible if my child causes bodily injury to other individuals, causes property damage to personal or real property or engages in conduct that gives harmed individuals the right to restitution.

I have read and understood this **Field Trip Form** and have signed it voluntarily with full knowledge of its significance, invaluable consideration of my child's participation on these WMS Band Trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION

Student \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any drug or food allergies that may exist: \_\_\_\_\_

List any health problems: \_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Local Doctor's Name \_\_\_\_\_ Doctor's Work #: \_\_\_\_\_

***In the event of an emergency while my child is on the school sponsored band trip or while participating in related activities, I hereby grant permission to FISD school district employees to take whatever is deemed necessary. In the event I cannot be reached, I authorize FISD employees to give consent for my child to receive medical treatment.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_