NORTHSIDE INDEPENDENT SCHOOL DISTRICT
TOM C. CLARK

Parental Permission Form for Travel

_____ has my permission to travel with the Clark Band to all 2007-08
(student's name)
regional band events. I understand that the organization will leave from school at the time posted in the band hall and return at the time posted in the band hall.

I will not hold Northside Independent School District or its employees liable for accidents or injury, which may occur while on the above-described trip.

I further understand that any student who at any competition or performing program as a representative of a Northside School or the District (including practice, competition, travel to and from the event, or other related activities) displays conduct which is disruptive or detrimental to the program including but not being limited to, being in possession or under the influence of alcohol, marijuana, hallucinogenic drugs or other prohibited substances of any kind, or the attempting to sell, distribute, or to use said prohibited substances of any kind, or attempting to sell, distribute, or to use said prohibited items on campus of any school in the District or any activities mentioned above will be subject to immediate withdrawal from the program for the remainder of the school year and/or placed under suspension, placed in an alternative program, or expulsion from school. (Northside Board Policies, EHAD local, FNCF/FNCE Local, FNCG Local, FNCH Local).

I, _____ authorize Charles Kuentz/or chaperones to execute any and
Parent or Guardian
all documents necessary for my child, _____ to be treated by a medical doctor or at a medical facility, whether on an emergency or non-emergency basis should it be deemed necessary for his/her care and general welfare.

I give / do not give (circle one) permission for over the counter medication to be administered.

_____ _____
Student signature Parent /Guardian Signature

Home Phone _____ Cell Phone _____

Emergency Phone_____

Emergency contacts other than above._____(Include name and contact number)