

**Gulf Shores High School Band  
Field Trip/Health Permission Form  
2015-2016 School Year**

To Whom It May Concern:

I understand that my child, \_\_\_\_\_, will be a participant in the Gulf Shores High School/Middle School Band for the 2015-2016 academic school year. I hereby grant permission for my child to attend all events in which the band will participate, including but not limited to, out of town football games, field trips, walking to practices and meals during band camp, etc. To reduce liability, I understand that I must submit the following documents to the school office: all permission slips (signed and dated).

I understand that if the school does not furnish transportation to an event, the school may allow parents to transport students to the event with pre-approval from the principal.

Copies of the parent's driver's license driving to the event, and copies of the proof of insurance for the vehicle being used to the event will be kept on file in the school office. **For a parent to transport their child or another child (not their child) to any band event, prior approval from the parent and principal is required.** My signature below is my approval for my child to ride with a parent in such a circumstance.

By my signature below, I allow my student to sign up for, via text message, *Remind 101*, which is a free one-way text message service that will allow my student to receive non replyable text messages from the band staff. I understand that it is recommend that my child have an unlimited text-messaging plan. If this is not the case, I understand that it is recommended to not sign up. Or as a result, be responsible for any carrier charges that are incurred.

I understand each trip will be chaperoned by Gulf Shores Band parents and/or other adults. In the event of an accident, I grant the chaperone the authority to give a physician permission to administer medical aid to my child. Any special health need and/or allergies the teacher should be aware of are listed below:

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I understand that I shall contact the Director of Bands in writing should any of the above circumstances change.

Parent/Guardian Name (PRINTED) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Group Number \_\_\_\_\_ Contract Number \_\_\_\_\_

Person to contact in event of emergency if the above cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_