



**Parent/Guardian Permission for School Sponsored Events/Field Trips and Student Handbook Acknowledge Form**

**Instrument and Serial Number**

\_\_\_\_\_ # \_\_\_\_\_

Student Name: (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Teachers Name: Charlie Bradberry, Rudy Leal, Jonathan Fortson

Event: Any School Band Trip or Event Method of Travel: Bus or School Approved

The participating student listed has my permission to attend school sponsored events for the school year (2022-2023). I agree that Iowa Park CISD and/or Iowa Park High School will not be responsible for injury that might occur in travel or during said event. Students are required to return with his/her group on the vehicle provided unless released directly to his/her parents or guardians for the return trip.

I also testify that said student understands that as a participant in the school sponsored event that he/she will not indulge in alcoholic beverages, tobacco, or narcotics of any kind.

The students code of conduct is in effect for school sponsored events. I also understand I am financially responsible for any damage to a school owned instrument.

It is understood that any infraction of this agreement is subject to all applicable student code of conduct disciplinary procedures including the removal of the student from any future extracurricular/school sponsored events.

I authorize Iowa Park CISD officials to secure emergency treatment for above-mentioned student by emergency room doctors in the event of any physical injury while participating in the school sponsored event, and agree to hold harmless all such persons and the Iowa Park CISD for any and all claims and expenses arising out of such injuries.

I and the above named student participant signify that we have read and do understand and accept this agreement and its attached guidelines for student behavior and medical release, and I have received the Band Hand Book and agree to comply with all rules and regulations.

Student Mailing Address \_\_\_\_\_

Home Phone/Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mother Name \_\_\_\_\_

Mother Mailing Address \_\_\_\_\_

Mother Emailing Address \_\_\_\_\_

Mother Cell \_\_\_\_\_

Father Name \_\_\_\_\_

Father Mailing Address \_\_\_\_\_

Father Emailing Address \_\_\_\_\_

Father Cell \_\_\_\_\_

Medical/Insurance Company: \_\_\_\_\_

Policy ID or Group Number: \_\_\_\_\_

Known Medical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_