

**** THIS FORM MUST BE NOTARIZED ****
2020-2021 School Activity Year
Goose Creek Consolidated Independent School District
Parental Permission Slip

I hereby grant my son/daughter/ward _____ SS# _____ - _____ - _____ has my permission to attend and participate in any and all activities, which are a part of the Band Program at Robert E. Lee High School. I understand that adult leaders will supervise the class and field trip activities and I also understand that my son/daughter/ward will be responsible for all of his/her expenses connected with the course and/or field trips with the exception of trips covered by other resources.

I hereby release the Goose Creek Consolidated Independent School District and all its supervisors, employees and/or representatives from any and all liability and/or claims and/or cause of such actions, individually or collectively, for any damages or injuries which might be received during class activity, on field trips or in traveling to and from such field trip destinations, except for those for which the School District, its supervisors, employees and/or representatives have effective insurance coverage but only to the extent of such coverage.

Parent/Guardian Signature: _____ Date: _____
Telephone _____
Home: _____ Work: _____
Cell # _____

IN CASE I CANNOT BE REACHED, PLEASE CONTACT:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

MEDICAL INSURANCE

Father's Company _____	Mother's Company _____
Employee I.D.# _____	Employee I.D.# _____
Coverage _____	Coverage _____
Verification _____	Verification _____
Phone# _____	Phone # _____

MEDICAL INFORMATION ABOUT STUDENT FOR EMERGENCY

MEDICAL PERSONNEL:

Allergies: _____ Tetanus Booster: _____ (Date)

Current Medication (if any) _____

Any pre-existing medical problems or conditions of which we should be aware?

Signed before me on _____, 20____.

Notary Public in and for the State of Texas (Seal)