

WCHS Bulldog Band & Colorguard
Parent Permission Form
2009-2010 Academic Year

_____ Band _____ Colorguard

Student Name: _____

Address: _____

Telephone #: _____ E-mail Address: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____

Address (if different from above): _____

In Emergency Notify:

Name: _____

Relationship: _____

Address: _____

Telephone #: _____

Family Physician: _____

Telephone #: _____

Family Medical/Hospital

Insurance Carrier: _____

Policy/Group #: _____

My son/daughter (listed above) has my permission to accompany his/her Band or Colorguard instructor on all off campus events during and outside of school hours for the 2009-2010 academic school year. I understand that West Covina Unified School District personnel will supervise the Band & Colorguard and that every reasonable precaution for the safety of the students will be provided during each trip. Parents will be notified in advance of a scheduled event.

Parents will be notified in the event of student misbehavior or violation of rules set for an off-campus event. Parents will be telephoned and will be responsible for picking up their student from the event and the student can be banned from participating in future events.

In case of emergency, I give permission for the adult supervisor to seek professional medical attention at my expense in the event that I cannot be reached. (Without this authority, the adult supervisor and/or emergency personnel will contact the local police department.)

SIGNATURE (parent/guardian): _____ Date: _____