

**COPPELL MIDDLE SCHOOL NORTH BANDS  
TRAVEL PERMISSION/MEDICAL RELEASE**

I hereby grant permission for my child \_\_\_\_\_ to participate in and attend the band activities listed on the attached band calendar. I understand that events marked by an asterisk are required events. I understand that when there is a school sponsored trip my child will be accompanied by and will be under the direct supervision of school personnel. I agree that the school and/or school personnel are not to be held liable for damages caused by my child or any accident or injury sustained by said child. I hereby authorize Coppell I.S.D. to seek emergency medical attention for my child in the event the parent or guardian cannot be reached.

\_\_\_\_\_  
Parent or Guardian

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

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

\_\_\_\_\_  
City                                      Zip

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy and/or Group #

\_\_\_\_\_  
Medical Conditions

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
\*\*\*Emergency contact person and phone number in case parents cannot be reached.\*\*\*

\_\_\_\_\_  
Any special instructions concerning your child that which we should be aware of:

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**COMPLETE AND RETURN TO NORTH BAND DIRECTORS BY 08/29/11**