



Dean Leaman Junior High School

Band Travel Permission 2017-2018 School Year

Wind Symphony

Symphonic Band

Concert Band

Beginning Band

(circle one)

I, _____ (Parent) give my permission for
_____ (Student) to travel with the band on all
band activities for the entire year. It is understood that the band directors, in protecting the safety and
well-being of our child, will give the best of care possible.

Our (son/daughter) will abide by the rules of the band, Leaman Junior High, and LCISD. I have read the electronic handbook located at www.chargerband.org/juniorhigh and understand the polices and requirements therein.

(Parent Signature)

(Student Signature)

MEDICAL RELEASE FOR 2017-2018 SCHOOL YEAR

Permission is hereby granted for my child to receive emergency medical attention if my child needs it while participating in Leaman Junior High Band activities.

CHECK ONE:

_____ To my knowledge, my child is not allergic to any medications

_____ My child is allergic to the following medications:

If known, give blood type: _____ [] NO TRANSFUSIONS, Please.

Parent Name: _____ Emergency Phone Contact _____

Parent Name: _____ Emergency Phone Contact _____

Doctor's Name: _____ Phone: _____

Parent Signature: _____

Please fill out your family's contact information on the back of this page.

Contact Information

Student Name: _____ **ID#** _____

Home Address: _____

Parent: _____

Phone: _____

Email: _____

Parent: _____

Phone: _____

Email: _____