



# Dean Leaman Junior High School

## Color Guard Travel Permission 2018-2019 School Year

1st Period

2nd Period

*(circle one)*

I, \_\_\_\_\_ **(Parent)** give my permission for  
\_\_\_\_\_ **(Student)** to travel with the band on all  
guard activities for the entire year. It is understood that the 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 guard, Leaman Junior High, and LCISD. I have read the electronic handbook located at [www.chargerband.org](http://www.chargerband.org) and understand the polices and requirements therein.

\_\_\_\_\_  
*(Parent Signature)*

\_\_\_\_\_  
*(Student Signature)*

### MEDICAL RELEASE FOR 2018-2019 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 Color Guard activities.

#### CHECK ONE:

\_\_\_\_\_ To my knowledge, my child is not allergic to any food and/or medications

\_\_\_\_\_ My child is allergic to the following food and/or 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# \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Parent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_