



PARENT TRAVEL CONSENT FORM

This form consents participation in school-sanctioned activities during the 2012-2013 school year as a member of the Robert E. Lee High School Band.

Faculty Sponsor: Mr. Brannon Baker

Student: _____ Grade Level: **FR** **SO** **JR** **SR** (circle one)

Address: _____ Home Phone: _____

Parent's Name: _____ Cell Phone: _____

Alternative Adult: _____ Bus. Phone: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errands and activities related to duties of and assignments made to members enrolled in the Robert E. Lee High School Band class. The mode of transportation may be NEISD or commercial bus, or a private vehicle driven by school personnel, a parent, the above-named student, or another member of the Robert E. Lee High School Band.

If a licensed driver, my student has my permission to drive a vehicle and to transport other students.

I understand that the student may not be chaperoned/supervised while en route or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in Robert E. Lee High School Band activities. I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities of this organization, and (iii) subjected to other appropriate disciplinary measures.

I agree to, and hereby, release North East Independent School District and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency, and with the approval of the sponsor or another NEISD employee, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information or student restrictions: _____

This form must be signed and returned to the sponsor before the student will be permitted to participate in any off-campus activities of this organization.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____