

Fruitdale High School Band

Travel Permission and Medical Authorization Form

This form grants permission for participation in band travel and authorizes emergency medical treatment if necessary.

Student Information

Student Name: _____

Grade: _____ Instrument / Section: _____

Travel Permission

I give permission for my child to travel with the Fruitdale High School Band to school-sponsored events during the school year.

Students will travel using school--provided transportation unless released to a parent or guardian in accordance with school policy.

Medical Authorization

In the event of illness or injury during a band activity or travel, I authorize school personnel to obtain emergency medical treatment for my child if I cannot be reached.

Parent / Guardian Signature: _____

Date: _____

Emergency Contact (Should be out of the student's household)

Primary Contact Name: _____

Phone Number: _____

Alternate Phone Number: _____

Student Conduct Agreement

I understand that I am expected to follow all safety rules and behavior expectations while traveling with the band.

Student Signature: _____ Date: _____

