

Bobcat Band Permission/Medical Release Form

HALLSVILLE BAND DEPARTMENT

2025-2026 School Year

I give permission for _____ to attend band camps, band trips, and other band activities with the Hallsville Band during the 2025-2026 school year. I, the parent, the legal guardian, will release the school, directors, chaperones, principals, superintendent, board of trustees from any liabilities involved in taking these trips. It is also understood that I, the parent or legal guardian, will stand liable for any damages created by the student. I understand that if the student violates any major school policy, such as drinking alcohol, smoking, drug use, damaging property, or stealing, **he/she will be sent home at my expense**, and will be subject to removal from the organization and all penalties set forth in the Hallsville ISD hand book and student code of conduct. I will be consulted before any action such as this is enacted. This form will give a director or chaperone my permission to sign for emergency medical treatment if it becomes necessary for my child.

Parent's Signature – Date

STATE OF TEXAS

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he (she) executed the same for purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____ 20____.

Notary Public in and for Harrison/ Gregg County, Texas

I, _____ understand that I will be representing Hallsville ISD while on this trip and participating in the band activity. I will abide by all school rules and policies as set forth by the Board of Trustees of the Hallsville ISD, while striving to set a good example for others to follow.

Date _____

Grade _____

PLEASE COMPLETE INFORMATION ON BACK

STUDENT INFORMATION

First Name _____ Last Name _____
Address _____ City, State, Zip _____
Birthday _____ Cell # _____
Email _____ (Email in very important for keeping you up to date on band information.)

PARENT INFORMATION

Mother's Name _____
Address _____ City, State, Zip _____
Home # _____ Cell # _____
Email _____ (Email in very important for keeping you up to date on band information.)

Father's Name _____
Address _____ City, State, Zip _____
Home # _____ Cell # _____
Email _____ (Email in very important for keeping you up to date on band information.)

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____
Emergency Phone # _____

MEDICAL INFORMATION

Physician's Name _____ Telephone _____
Health Insurance Company _____
Policy # _____ (If possible, a copy of insurance card would be helpful)
Allergies: _____
Medicine: _____

Use the bottom of this sheet for other necessary information:
