2009-2010 BUCHANAN HIGH SCHOOL BAND & COLOR GUARD PERMISSION & EMERGENCY FORM

My student has permission to travel with the Buchanan High School Band and Color Guard to all events for the 2009-2010 school year. I understand that all Clovis Unified School District, Buchanan High School and Buchanan High School Band & Color Guard policies are in effect when my student is traveling with the group. I will also be responsible for the prompt payment of our financial commitment associated with all field trips when traveling with the Buchanan High School Band & Color Guard. I understand that for my student to participate, I must keep my account at a zero or positive balance by each published deadline.

Student: _____ _____
(Last Name) (First Name)

Signature of Student: _____

Parent/Legal Guardian: _____ _____
(Last Name) (First Name)

Signature of Parent/Legal Guardian: _____

Home Address: _____
(Street) (City) (Zip)

Home Phone: _____

Student Cell Phone: _____

Parent/Legal Guardian Cell Phone: _____

Student's E-Mail Address: _____

Parent's/Legal Guardian's E-Mail Address: _____

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT CONTACT:

1) Name: _____ Home Phone: _____

Employer: _____ Hours: _____ Work Phone: _____

Relationship to Student: _____

2) Name: _____ Home Phone: _____

Employer: _____ Hours: _____ Work Phone: _____

Relationship to Student: _____

3) Name: _____ Home Phone: _____

Employer: _____ Hours: _____ Work Phone: _____

Relationship to Student: _____