

BMS BAND TRAVEL PERMISSION SLIP
ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

I, _____ (*parent*), agree to allow my child,
_____ (*child's name*), to travel with a group or individual
associated with Burnet CISD. This release applies to all band trips in which my student is involved
(subject to student eligibility for each trip).

By signing this document, I acknowledge that any behavior by the above-named student deemed
unacceptable, immoral, or in violation of the Student Code of Conduct by the school faculty will
result in the immediate removal from the current activity and my student will be sent home.

I understand that while student safety is a high priority for the District, under state law, the school
is not responsible for medical costs associated with a student injury.

In the case of an emergency, I authorize a Burnet CISD representative to seek out immediate care
and treatment for my child and to accompany my child in an emergency vehicle if needed. I
expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to
indemnify and hold harmless the District, its Board members, employees, and agents from all
claims made against it or them on behalf of my child. I agree to indemnify and hold harmless the
District, its Board members, employees, and agents from all claims made by third parties against it
or them which result from my child's actions on the trip. I understand that the District, its Board
members, employees, and agents are not waiving any sovereign or governmental immunity which
it or they have under Texas law. The parent will be immediately notified of any emergency.

I have read and understood this release and sign it voluntarily and with full knowledge of its
significance.

Parent signature: _____ Date: _____

List all allergies of the student:

- _____
- _____
- _____

List any medications the student is presently taking

Medication	Purpose
_____	_____
_____	_____
_____	_____

List any other pertinent facts or surgeries about student's health:

In case of emergency, contact parent/guardian at:

_____	_____	_____	_____
Name	Home #	Cell #	Work #

Insurance Information:

_____	_____	
Name of Provider	Primary name on policy	
_____	_____	_____
Policy Number	Group Number	Parent/Guardian Signature

BMS BAND PARENT & STUDENT HANDBOOK AGREEMENT FORM

Please read and sign below as indicated:

Students –

I have read the Burnet Middle School Handbook and understand the requirements for being a band member of this quality organization. I realize it takes great effort and responsibility to live up to my fullest potential. I also realize that my failure to follow policies and directions could lead to disciplinary action resulting in placement in another band or dismissal from the band program altogether. As a member of the Burnet Middle School Band, I acknowledge the following as responsibilities I must fulfill if I wish to remain a member.

I will:

- Be punctual and prepared for class and sectional rehearsals
- Practice with a purpose every week
- Demonstrate my best on playing assignments and written work
- Attend all required band functions
- Treat my peers, teachers, facilities, and myself with respect and maintain appropriate conduct
- Maintain my grades for eligibility and self-achievement
- Have a high standard for improvement in class and on my own

Print Student Name

Student Shirt Size

X

Student Signature

Date

Parents-

I have read the BMS Band Handbook and agree to support it and my child.

X

Parent Signature

Date

Phone #

Address, City, Zip Code

Email Address