

NORTH EAST ISD

PARENT TRAVEL CONSENT FORM

For participation in school-sanctioned activities during the **2019-2020** school year as a member of the

Douglas MacArthur High School Band.

Faculty Sponsor:	School: Douglas MacArthur High School	
Student:	Grade Level:	DOB:
Address:	Home Phone:	
Parent's Name:	Bus. Phone:	
Alternate 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 errand and activities related to duties of and assignments made to members enrolled in the **BAND/COLOR GUARD** 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 **Douglas MacArthur High School Band**.

The student (if properly licensed) has my permission to drive a vehicle and to transport other students.
 Yes _____ No _____

I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in **MacArthur 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.

School districts are immune from liability except when property damage, personal injury or death is caused by a district employee's negligent operation of a motor vehicle while performing district duties. As a result, and as a general rule, the District cannot pay for medical treatment for injuries resulting from activities not directly caused by a district employee's use of a motor vehicle. In case of emergency, I give my approval and authorization for first-aid treatment and any medical treatment of the student named above (the "Student") by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment.

I hereby agree to release North East Independent School District and its trustees, employees, volunteers, and sponsors (collectively, the "Indemnitees"), and to indemnify and hold the Indemnitees harmless from, all claims, liabilities, and expenses, (including (a) claims made by the student named above after reaching the age of majority, and (b) claims for damages caused in whole or in part by the negligence of the Indemnitees) relating in any way to the student's participation in the activities identified herein.

Additional medical information or comments: _____

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.

Date _____ **Signature of Parents/Guardian** _____

Signature of Sponsor _____ **Signature of Student** _____

Signature of Principal _____

North East ISD
SUPPLEMENT TO THE PARENT TRAVEL CONSENT FORM

2019 – 2020

Student:	School: MacArthur HS	Grade:
Parent:	Phone:	

The above-named student has my (the undersigned parent's) consent to participate in school-sanctioned activities as a member of the **Douglas MacArthur High School Band** with the following restrictions:

1. _____

2. _____

3. _____

4. _____

5. _____

Compliance with the above-described restrictions will be the responsibility of the Student and not NEISD or any of its agents, trustees, volunteers, or employees. The Student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

Date _____ Signature of Parents/Guardian _____

Signature of Sponsor _____ Signature of Student _____

Signature of Principal _____